



**BOARD OF COUNTY COMMISSIONERS
RESOLUTION 21-20**

**A RESOLUTION AUTHORIZING THE COUNTY TO SUBMIT AN APPLICATION TO
THE DEPARTMENT OF FINANCE AND ADMINISTRATION, LOCAL
GOVERNMENT DIVISION TO PARTICIPATE IN THE LOCAL DWI GRANT AND
DISTRIBUTION PROGRAM AND DELEGATING AUTHORITY**

WHEREAS, the Legislature enacted Section 11-6A-1 through 11-6A-6 MSA 1978 as amended to address the serious problems of Driving While Intoxicated (DWI) in the State; and,

WHEREAS, a program is established to make grant and distribution funding available to counties and municipalities for new, innovative or model programs, services or activities to prevent or reduce the incidence of domestic abuse related to DWI, DWI, alcoholism and alcohol abuse; and,

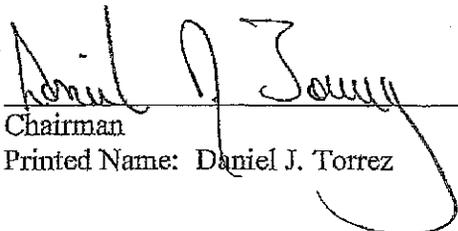
WHEREAS, the county DWI planning council and other governmental entities approval must be received in order to apply for grant and distribution funding; and,

WHEREAS, the County along with participating agencies is making application to the Department of Finance and Administration, Local Government Division for program funding.

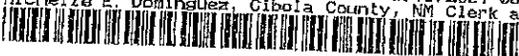
NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Cibola County that the Chairperson, on behalf of the County and all participating entities is authorized to submit an application for Distribution and/or Grant Fiscal Year 2022 program funding under the regulations established by the Local Government Division.

APPROVED, ADOPTED, and PASSED on this 25th day of February 2021.

BOARD OF COUNTY COMMISSIONERS


Chairman
Printed Name: Daniel J. Torrez

Page



ATTEST:



Michelle E. Dominguez

Michelle E. Dominguez
Cibola County Clerk

And

Joanna Pena

Joanna Pena, DWI Planning Council Representative



Local Driving While Intoxicated Grant Fund
Fiscal Year 2022

**APPLICATION FOR LDWI DISTRIBUTION AND
GRANT FUNDED SERVICES, ACTIVITIES, AND
PROGRAMS**

*The mission of the Local DWI Grant Program is to reduce the
incidence of DWI, alcoholism, alcohol abuse and alcohol
related domestic violence.*

Local Driving While Intoxicated Bureau
Department of Finance and Administration
Local Government Division
407 Galisteo Street
Bataan Memorial Building
Santa Fe, NM 87501

Local DWI Distribution and Grant Program

Introduction

The Local DWI Grant Fund is established to support programs, services, or activities to prevent or reduce the incidence of DWI, alcoholism, alcohol abuse and alcohol related domestic violence. Two sources of program funding are available: DWI Distribution and DWI Grants. The funding will support new, innovative or model programs. All FY22 LDWI application forms are located on the Department of Finance and Administration (DFA) website:
<http://www.nmdfa.state.nm.us/fy22-ldwi-application-forms.aspx>

Refer to the LDWI Guidelines, located on the DFA website, for more information regarding program administration: <http://www.nmdfa.state.nm.us/dwi-program-information.aspx>

This application will fund the fiscal year July 1, 2021 through June 30, 2022.

Application Procedures, Forms and Content

Electronic submission:

- One (1) complete LDWI application must be submitted electronically (PDF) to:
Julie.Krupcale@state.nm.us

All electronic applications must be received at the Local Government Division by 4:00 p.m. Thursday, March 4, 2021.

The eligible applicant's governing body must authorize the county (or municipality acting as fiscal agent for the county) to submit the application by resolution.

Application Forms and Content

The fiscal year 2022 application includes both distribution and grant funding requests. The application must be organized and indexed with a Table of Contents, which contains all of the items listed below:

1. **Application Cover Sheet** – Includes contact information for the DWI Coordinator and the location where payment is received within the county/municipality. Information must match the county/city W-9 form that is on file with DFA for payments to be processed.
2. **Table of Contents** – Enter page numbers for each form on the Table of Contents
3. **Resolution** – Must be adopted by the County Commission and the City Council of any Municipality acting as fiscal agent for the County.

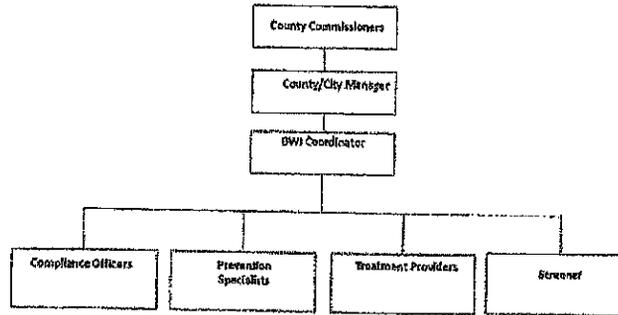


4. **Statement of Assurances** – Must be signed by the County Commission Chairperson or the Mayor if the municipality acting as a fiscal agent for the County.
5. **Memorandum of Understanding (MOU)** – Must be signed by the County Commission Chairperson or the Mayor if the municipality acting as a fiscal agent for the County.
6. **Personnel Contact Information Forms** - Complete all contact information.
 - Local DWI Program Personnel
 - County/City Personnel
 - Local DWI Voting Planning Council Members
7. **Application Narrative** – Use this section to describe the county program by providing the information requested.
8. **Law Enforcement Funding Request** – Complete one form for each participating agency, if applicable.
9. **Treatment Questionnaire(s)** – Complete one form for in-house treatment services and one for each contracted treatment provider, if applicable.
10. **Licensure and Certificates** - Provide licensures and certificates for any known treatment, prevention or screening providers. If that licensure requires supervision, include the licensure of the required supervisor. To determine whether supervision is required, please refer to the New Mexico Regulation and Licensing Department: [http://www.rld.state.nm.us/uploads/files/Rule%20Book\(1\).pdf](http://www.rld.state.nm.us/uploads/files/Rule%20Book(1).pdf)
11. **Letters of Support** – Include a minimum of three (3) and a maximum of five (5) signed letters of support from local county entities, Native American communities, associations, etc., to show public participation in the planned implementation of the program's efforts. Do not include letters from staff or contractors.
12. **Organizational Chart** – Identify who the DWI Coordinator reports to and who reports to the DWI Coordinator.



Example:

Neverland County DWI Program



13. **Budgets (Exhibits J-J7) – Distribution and grant budgets must be completed individually.** Budgets must reflect reasonable and justified costs appropriate to the proposed activities and demonstrate sound and economical use of resources for the fiscal period of the application. Budgets must identify a minimum of 10% local in-kind match, including screening fees collected to be eligible for LDWI Funds.

Application Review

The Local Government Division (Division) staff shall review all applications for eligibility, completeness, and compliance. If the application is deficient in any of these areas, the Division will promptly notify the applicant. The applicant must immediately submit the information and modification requested to correct the issue no later than 4:00 pm on March 15, 2021.

Applicants that do not respond by the deadline will be disqualified.

If the applicant is not current with screening and tracking data, financial reports, and all other reports, this will be reflected on the Recommendation Summary Sheet for the DWI Grant Council to review.

Review of Applications

Staff recommendations for approval of distribution and grant funding will be made to the DWI Grant Council. The application must be complete, eligible, in compliance with regulations and score a minimum of 70 points when rated according to the criteria set forth in the regulations.

Review Criteria

Maximum rating for an application is 100 Points. Each area of review is rated at the following value:

	Points	Criteria
1.	Verified	The program has a screening process established.
2.	Verified	The program is tracking DWI offenders in the database approved by DFA.
3.	Verified	The program has an established Local DWI Planning Council.
4.	Verified	The application includes letters of support.
5.	Verified	The application includes required licensure, if appropriate.
6.	Verified	The application contains a program organizational chart.
7.	Verified	Capital Purchases and judicial support does not exceed 10%. Teen Court does not exceed \$30,000. Promotional expenditures do not exceed 1% of budget or \$1,000.
8.	20	<ol style="list-style-type: none"> 1. The application contains local statistical data. 2. The application identifies the DWI offender population. 3. The application identifies gaps and needs based on the data. 4. The application contains a narrative to explain the data. 5. The application identifies other challenges/barriers and strategies to address them.
9.	18	<ol style="list-style-type: none"> 1. The application contains an overall description of the program and activities. 2. The application describes the reason for component selection. 3. The application provides a description of the proposed activities for each component. 4. The application describes how components are being evaluated.
10.	30	<ol style="list-style-type: none"> 1. The application contains a balanced budget. 2. The application contains a clear breakdown of proposed costs and expenses. 3. The application contains a clear justification of the budget with descriptions of the proposed costs and expenses.
11.	12	<ol style="list-style-type: none"> 1. Program submits documents and reports timely. 2. Program submits documents and reports correctly. 3. The program coordinator is responsive to the DFA program manager.
12.	16	<ol style="list-style-type: none"> 1. The application describes how the local DWI Planning Council represents the community including tribal/pueblo involvement. 2. The application describes the involvement of the DWI Council in developing the application. 3. The application describes community participation and collaboration with other entities, including how collaborative efforts advance the goals of the program. 4. The application describes the referral process between the program and the Courts.
13.	Verified	<ol style="list-style-type: none"> 1. The application clearly identifies screening fees in the in-kind match budget, and where appropriate, explanation for how fees are spent (e.g. salary). 2. The application identifies at least 10% in-kind match, and the funding source (county, city, other). 3. The application explains any screening budget request. (Screening should be self-funded)
14.	4	<ol style="list-style-type: none"> 1. The application identifies new, innovative or model activities for each funded component.

Selection

The DWI Grant Council will review staff recommendations and will make grant program funding decisions and distribution program approvals in an open public meeting held in accordance with the Open Meeting Act. The Council may adjust the scope and dollar amounts of applications for grant programs. The Council will make its grant program funding and distribution program approval determinations by a majority vote of the council. **A representative of the Program/Fiscal Agent which is requesting LDWI funding must attend the Council meeting at which the funding will be considered.**

Once approvals are made by the DWI Grant Council, component funding and program activities are subject to final review by the LDWI program staff. Before LDWI will issue grant agreements, each local DWI Program will be required to submit revised budgets and scopes of work to reflect actual programs, activities, and services to be implemented with the approved funding.



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**Application Cover Sheet
 FY22 Local DWI Program Distribution and Grant Funding
 Local Government Division - DFA**

County/Municipality: Cibola County

DWI Program Coordinator:

Name: Joanna Pena
 Address: 700 E. Roosevelt ave Suite 40
 City, Zip: Grants NM 87020
 Telephone: 505-285-2585
 E-Mail: joanna.pena@co.cibola.nm.us

Address where payment is received as listed on current W-9:

Contact Person: Kate Fletcher
 Mailing Address: 700 E. Roosevelt Suite #50
 City, Zip: Grants NM 87020
 Telephone: 505-285-2590
 E-Mail: kate.fletcher@co.cibola.nm.us

Indicate amounts budgeted for each component area.

	<u>Distribution</u>	<u>Grant</u>	<u>Component Total</u>
Prevention	\$ 20,000.00		\$ 20,000.00
Law Enforcement	\$ 10,000.00		\$ 10,000.00
Screening			\$ 0.00
Treatment		\$ 75,000.00	\$ 75,000.00
Compl. Mtr./track	\$ 122,000.00		\$ 122,000.00
Coord/Plan& Eval.	\$ 88,839.00		\$ 88,839.00
Alt. Sentencing	\$ 5,000.00	\$ 25,000.00	\$ 30,000.00
Total	\$ 245,839.00	\$ 100,000.00	\$ 345,839.00
	Total Distrib. Request	Total Grant Request	Total Program Request

Certification:

The attached resolution adopted by the governing body of Cibola on _____ authorizes the
 (Applicant) (Date)
 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.

Michelle E. Dominguez
 Printed Name/Title

David J. Touhy
 Signature of County Commissioner/Mayor



STATEMENT OF ASSURANCES
Local DWI Grant and Distribution Program

Fiscal Year 2022: July 1, 2021 – June 30, 2022

The applicant hereby assures and certifies compliance with the following statutes, rules, regulations, and guidelines associated with the acceptance and use of funds under the New Mexico Local DWI Grant and Distribution Program:

1. Compliance with the provisions of the New Mexico Local DWI Grant Program Act, Sections 11-6A-1 through 11-6A-6 NMSA 1978 as amended, the NMAC Title 2, Chapter 110 Part 4 Regulations, and the approved LDWI Guidelines.
2. The applicant has the responsibility and legal authority to receive and expend funds as described in the grant and distribution project description, as well as to finance the grantee share (minimum 10%) of costs of the project, including all project overruns.
3. Compliance with the State Procurement Code, Sections 13-1-21 through 13-1-199, NMSA 1978 as amended, with the exception of Home Ruled Governments. All project-related services, activities or programs done through a service provider must be implemented through a professional services contract. Any project-related contract, subcontract, or agreement and related amendments, providing services to the grant or distribution program, must be submitted for administrative review by the Local Government Division prior to execution.
4. Adherence to all financial, accounting, and reporting requirements of the Department of Finance and Administration. Distribution programs will include the Exhibit F, the Local DWI Distribution Fund Financial Status Report. Grant programs will include the Local DWI Program Request for Payment/Financial Status Report, Exhibit D. The said reports shall include a narrative of successes and challenges, a detailed budget breakdown of expenditures to date, a summary of any fees collected and/or expended, the Screening and Tracking Report, the Managerial Data Set, Planning Council meeting agendas and minutes, and such other information following the objectives of the county's evaluation as may be of assistance to the Division in its evaluation.
5. Compliance with the requirement to not budget, nor expend, any of the grant amount awarded or the amount distributed for **indirect administrative costs** incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall document all direct program administrative expenditures and in-kind/match administrative expenditures.
6. Compliance with the requirement to not budget, nor expend, greater than **ten percent** of the grant amount awarded or the amount distributed for **capital purchases** incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall

Revised: November 2020



specify all capital purchases. The ten percent cap for capital purchases does not exist with detoxification funding grants.

7. Compliance with all required reports, including but not limited to: the first quarter narrative and fiscal reports due on the last working day of October; the second quarter narrative and fiscal reports due on the last working day of January; and the third quarter narrative and fiscal reports due on the last working day of April; the fourth and the final quarter Grant Fiscal report due by the 10th of July and the fourth and final narrative and distribution fiscal reports for the fiscal year due the last working day of July. Annual protocols for the screening, treatment, and compliance monitoring components are due the last working day of August for the current fiscal year. The annual reports which include program evaluation are due the last working day of August for the prior fiscal year.
8. Compliance with the current Local DWI Grant Program Screening Guidelines. To avoid any conflict of interest, or appearance of conflict of interest, screeners should not be affiliated with any contracted treatment agency. Clients will be given options (a list of available providers) for alcohol related treatment and will not be *mandated* to a particular treatment agency.
9. If applicable to the applicant, compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Health and Human Services regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
10. Any distribution program under run amount for the fiscal year must be returned to the Local DWI Grant Fund by September 30 of the following fiscal year. Failure to remit an under run to the Local DWI Grant Fund will cause suspension of grant reimbursements and/or future distributions until the remittance is made.
11. Grant program under runs revert to the Local DWI Grant Fund.
12. Compliance with all applicable conditions and requirements prescribed by the Division in relation to receipt/accountability of state General Funds.
13. The grant applicant will follow the scope of work for the grant program, as negotiated with the Local Government Division, and in accordance with the local planning council's approved plan. The applicant will submit any proposed modifications/amendments to the scope of work to the Division for its approval, prior to execution.
14. The distribution program applicant will follow the local planning council's application as approved by DWI Grant Council in the application review process. The applicant will submit any proposed modifications/amendments to this proposal to the Division for its written approval, prior to execution of changes to programs.

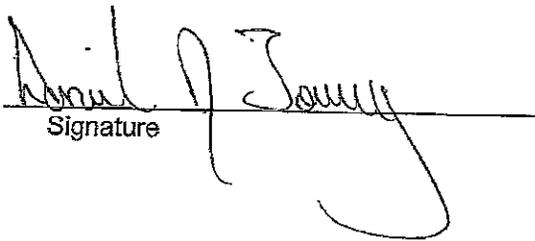
Revised: November 2020



15. Compliance with conflict of interest prohibitions whereby no member, officer, or employee of the grant or the distribution program, or its designee or agents, no voting member of the local planning council or of the governing body of the locality in which the program is situated, and no other public official of such locality who exercises any functions or responsibilities with respect to the program during his/her tenure (or for one year thereafter) shall have any interest, direct or indirect, in any contract or subcontract for work to be performed in the program. The grant and/or the distribution program shall incorporate, in all such contracts or subcontracts, a provision prohibiting such interest pursuant to the purposes of these stated provisions.
16. Compliance with the maintenance of records as will fully disclose the amount and disposition of the total funds from all sources budgeted for the grant or distribution agreement period, the purpose of undertaking for which such funds were used and the amount and nature of all contributions from other sources, and such other records as the Division shall prescribe. All Program records must adhere to the New Mexico State Records Center and Archives Rule for Functional Retention and Disposition Schedule, 1.21.2 NMAC.
17. The applicant will provide access to authorized State officials and representatives of all books, accounts, records, reports, files, and other papers, things, or property pertaining to the project in order to make audits, examinations, excerpts and transcripts.
18. The applicant will provide DFA's auditor and evaluator timely access to all program records and information. Additionally, the applicant will assure that records of subcontractors working for the applicant are retained and made available to DFA's auditor and evaluator.

Daniel J. Torrez

County Commission Chairperson (or Designee) (Please Print)


Signature

02.25.2021

Date

MEMORANDUM OF UNDERSTANDING

The Cibola County/Municipality DWI Program (hereinafter referred to as the "Program") and the New Mexico Department of Finance and Administration/Local Government Division/Driving While Intoxicated Program (hereinafter referred to as "Division") hereby exchange the following assurances and enter into the following Memorandum of Understanding (MOU):

The Division assures:

1. That Division is in full compliance with the provisions concerning security for records and research activities in accordance with Federal Confidentiality regulations, 42 CFR Part 2.16 and 2.52.
2. That client identifying information will not be re-disclosed except back to the Program from which the information was obtained, or according to the terms of this MOU.
3. That in receiving, storing, processing, or otherwise dealing with any information from the Program about the clients in the Program, the Division acknowledges it is bound by the provisions of the Federal confidentiality regulations, 42 CFR Part 2.
4. That the Division shall undertake to resist any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the Federal confidentiality regulations, 42 CFR Part 2.
5. That the Division is not a "covered entity" as defined by the Department of Health and Human Services Regulations entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA); (the HIPAA Regulations).
6. That the Division shall never possess treatment or maintain any "individually identifiable health information" or transmit "protected health information" as defined by the HIPAA Regulations and in the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

The Program agrees to:

1. Upon request, provide the Division or other parties authorized with client records for those clients provided services through the Local Government Division DWI Grant Program, for the purpose of conducting outcome

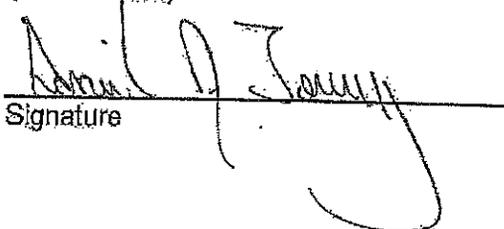


monitoring research activities, and evaluation of LDWI Program interventions.

2. If applicable, comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and the Department of Health and Human Services Regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
3. Report or transmit data to the Division that deletes and contains no "individually identifiable health information" or "protected health information" as defined by the HIPAA Regulations and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

Daniel J. Torrez

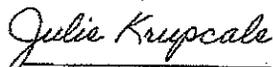
County Commission Chairperson (or Designee)
(Please Print)


Signature

02.25.2021

Date

Executed this 30th day of April 20 21


For:
Donnie Quintana, Director
Local Government Division

Revised: November 2020

Local DWI Program Personnel – Complete all contact information.

Coordinator: Name: Joanna Pena Title/Organization: DWI Program Coordinator Address: 700 E. Roosevelt #40 City: Grants 87020 Zip Code: 87020 Email: joanna.pena@co.cibola.nm.us Phone: 505-285-2590 Cell: 505-290-5213	Other (Identify Component): <u>Select Component</u> Name: _____ Title/Organization: _____ Email: _____
Prevention: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): <u>Compliance Monitoring/Tracking</u> <input checked="" type="checkbox"/> Name: Krystle Salcido Title/Organization: DWI MCO Email: krystle.salcido@co.cibola.nm.us
Screening: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): <u>Select Component</u> Name: _____ Title/Organization: _____ Email: _____
Treatment: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): <u>Select Component</u> Name: _____ Title/Organization: _____ Email: _____
Compliance: Name: Nicole Leon Title/Organization: DWI MCO Email: nicole.leon@co.cibola.nm.us	Other (Identify Component): <u>Select Component</u> Name: _____ Title/Organization: _____ Email: _____
Alternative Sentencing: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): <u>Select Component</u> Name: _____ Title/Organization: _____ Email: _____
Evaluation: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): <u>Select Component</u> Name: _____ Title/Organization: _____ Email: _____

County/City Personnel - Complete all contact information.

<p>County/City Manager: Name: <u>Kate Fletcher</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: <u>kate.fletcher@co.cibola.nm.us</u> Phone: _____</p>	<p>Mayor: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>County Commission Chair: Name: <u>Daniel Torrez</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: _____ Phone: <u>505-285-2581</u></p>	<p>Other: Name: <u>Dabi Gomez</u> Title/Organization: <u>Human Resources</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: <u>dgomez@co.cibola.nm.us</u> Phone: <u>505-285-2514</u></p>
<p>Finance Director: Name: <u>Paul Ludl</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: <u>paul.ludl@co.cibola.nm.us</u> Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>County/City Treasurer: Name: <u>Kathy Gonzales</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: <u>kgonzales@co.cibola.nm.us</u> Phone: <u>505-285-2522</u></p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>Other: Name: <u>Robert Windhorst</u> Title/Organization: <u>County Commissioner 2nd Chair</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: <u>rwindhorst@co.cibola.nm.us</u> Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>Other: Name: <u>Wendy Self</u> Title/Organization: <u>Procurement officer</u> Address: <u>700 E. Roosevelt</u> City: <u>Grants</u> Zip Code: <u>87020</u> Email: <u>wendy@co.cibola.nm.us</u> Phone: <u>505-285-2513</u></p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>



Local DWI Planning Council Members- Voting Members Only

Complete all contact information.

Chair: Name: <u>Dr. Mickey Best</u> Organization: <u>NMSU Grants branch</u> Email: <u>mbest@nmsu.edu</u>	Voting Member: Name: <u>Elise Larson</u> Organization: <u>Municipal Judge</u>
Voting Member: Name: <u>Starr Powell</u> Organization: <u>KDSK Radio</u>	Voting Member: Name: <u>Renee Edwards</u> Organization: <u>Valle Del Sol (treatment)</u>
Voting Member: Name: <u>Thomas McGaghle</u> Organization: <u>NMSU/ABE</u>	Voting Member: Name: <u>Darren Soland</u> Organization: <u>Chief of police Ramah</u>
Voting Member: Name: <u>Tasia Martinez</u> Organization: <u>gradtay@nmcourts.gov</u>	Voting Member: Name: <u>Steve Chavez/Jeff Marez LT</u> Organization: <u>Grants PD</u>
Voting Member: Name: <u>Carlos Vallejo "Acting Chief"</u> Organization: <u>Milan PD</u>	Voting Member: Name: <u>Tony Mace/Nick Wadford Sgt</u> Organization: <u>Sheriff's dept</u>
Voting Member: Name: <u>Dustin Middleton</u> Organization: <u>Cibola County Emergency Management</u>	Voting Member: Name: _____ Organization: _____
Voting Member: Name: <u>Clayton Garcia</u> Organization: <u>Acoma PD</u>	Voting Member: Name: _____ Organization: _____



Application Questions & Narrative (in progress)

Describe the DWI offender population using relevant and current statistical data. Include characteristics such as: age, gender, employment status, education, etc.

Cibola County is in a rural part of New Mexico. It sits on I-40 between Albuquerque and Gallup. The 2 municipalities, Grants and Milan, are the most populated. There are 4 tribal reservations: Laguna, Acoma, Zuni and the Navajo Nation. Finally, there are also 2 Land Grants, Cubero and Seboyeta (Cibola County GIS). The population is approximately 26,853 (US Census Bureau July 1 2019), of that population 43.7% reported to be American Indian/Alaskan Native alone, 38.3% Hispanic or Latino, and 19.2% white alone.

Cibola County has a very heavy traffic flow which was calculated as follows from NMDOT. I calculated the 2019 VMT (Annual Vehicle Miles Traveled) for Cibola County and came up with 836,574,435.9. VMT is derived by first taking the AADT (annualized average daily traffic) of a section of road and multiplying that number by the length of the section of road (in miles). This is the DVMT (Daily Vehicle Miles Traveled). You then multiply that number by 365 for the Annual VMT. This would explain the out of county and out of state offenders. According to NMDOT.com there was 12 fatalities in 2019 due to car accidents, of those, 5 were alcohol related, which is up from 5 fatal crashes in 2018 and only 1 being alcohol related.

Cibola County DWI program had a case load of 117 clients who were screened between January 2020 and February 16th, 2021. (ADE and NOBLE)

Gaps and Needs:

Describe local gaps and needs. Based on statistical data, describe the gaps and needs as they relate to DWI trends and issues in the county. Identify any additional challenges or barriers to addressing DWI, alcoholism and alcohol abuse, and the existing or proposed strategies to address them.

Cibola County continues to have negative economic challenges. The reduction in staff at the LEE Ranch Coal Mines, the closure of the Tri-State Powerplant and the US Bank branch in Grants, has created an economic downward spiral for our County. To date there have been no substantial economic developments brought in to replace what we have lost.

Negative Socioeconomic status combined with the Alcohol and substance abuse in Cibola County, are strong contributors to DWI and Domestic abuse.

There are many contributing factors that lead to alcohol abuse. These causes may include a person's environment, social pressure, problems at work and/or home, cultural norms or traditions as well as genetics. (www.alcoholabuse.com) With Covid-19 hitting in the County in March of 2019, people being laid off, children going to school remotely and people working from home, this has also played a factor in domestic abuse, alcohol abuse and substance abuse, therefore increasing our DWI, DUI and domestic violence cases. In Cibola County, the misuse and/or overuse of alcohol and/or drugs is made clear by the percentage of offenders reporting serious abuse history and early ages they began use of alcohol (ADE/Noble) Our Native American and Hispanic populations are the most at risk.



Native Americans are more likely to have several significant risk factors than most other ethnic groups. (The American Psychiatric Association (APA) lists these risk factors as being:

- Family history of substance abuse, encompassing both genetic and learning factors.
- Some other mental health disorder
- Being male (In most cases, males are more susceptible to developing substance use disorders than females.)
- History of trauma or stress, particularly as a child
- Being in a lower social economic status group
- Poor health or chronic medical conditions
- Being poorly educated
- Exposure to substance use at an early age and developing an attitude that substance usage is a proper coping mechanism.
- Peers who regularly engage in substance use.

As can be seen from this list, Native Americans as a group do have significant risk factors that lead to an increased susceptibility to the development of substance use disorders that may make them more vulnerable. As previously mentioned, Cibola County has 4 tribal reservations in close proximity, and this is a high-risk population.

Clinicians should consider the individual's cultural background, beliefs, and other relevant factors when diagnosing an alcohol use disorder in a Native American Individual.
www.alcohol.org/alcoholism-and-race/native-amercans

While these things are more commonly said about Native Americans our Hispanic population mirrors the same challenges; poverty, lack of education, social pressures/norms, health/mental health conditions, etc...

Unemployment Percentage Rate Between Cibola County and McKinley County 2020

Cibola County		McKinley County	
1/2020	6.5%	1/2020	1727
2/2020	6.5%	2/2020	1715
3/2020	7.8%	3/2020	2121
4/2020	9.1%	4/2020	2458
5/2020	8.4%	5/2020	1972
6/2020	9.9%	6/2020	2457
7/2020	14.1%	7/2020	3729
8/2020	12.4%	8/2020	3356
9/2020	10.9%	9/2020	3090
10/2020	9.4%	10/2020	2498
11/2020	9.0%	11/2020	2159
12/2020	10.80%	12/2020	2424



Information was collected from US Bureau of Poverty Percentage Rate between Cibola County and McKinley County. Cibola County is at 28.6% third county in the state and McKinley County is 32.3%. Overall the state of NM poverty percent is 19.5%. In 2019 Cibola County unemployment was 37.5% and employment was 12.9%. Full-time employment was 6.6% and Part-time was 32.6% Numbers for 2020 were not available for employment for full-time and part-time.

With the closing and reduction of staff with our 2 biggest employers, and with the stresses of quarantine with the Covid-19 pandemic, we fear that the alcohol, substance abuse and domestic violence will continue to rise. Cibola County is also facing a shortage of qualified providers, facilities, and services, as most opt for a larger city with more resources, entertainment and infrastructure.

Prevention

Explain why this component was selected. b. Discuss the activities, services and programs that will be administered as part of this component. Identify whether they are new, innovative or model. c. Describe any changes to activities, services and programs that were implemented as a result of Covid-19. d. Describe how the activities, services, and programs are being evaluated.

Cibola County DWI program does not currently support a preventionist position or a formal prevention program. We are currently rebuilding our programs and prevention is one of them. I am hoping to have a prevention program up and running by Fall of 2021. We are also hoping that students will have returned to school by that time, in order to get feedback, suggestions and recommendations from them.

We are currently running prevention videos on the Cibola County website, as well as Instagram and Facebook. In addition, we are running prevention videos on the local channel in McKinley county. All our prevention videos are created thru a contract with 7clites, who is our production company. I have also allocated monies in this application for billboards and hope to have those up in the next 6 to 8 months.

Law Enforcement

Explain why this component was selected. b. Discuss the collaboration efforts between law enforcement agencies and the Local DWI Program. c. Identify the activities to be administered by law enforcement agencies. d. Describe any changes to activities that were implemented as a result of Covid-19. List any potential equipment requests with justification for their purchase. f. Describe how the activities are being evaluated. g. If requesting funding for a full-time DWI officer, provide justification.

The Cibola County DWI program in conjunction with local law enforcement agencies plans to enforce underage drinking and substance abuse through Saturation patrols, DWI Checkpoints, shoulder taps and undercover buy busts. In addition, law enforcement will conduct warrant roundups to try and contact those who have fallen off the program and return them to court. The DWI program will also assist law enforcement with minor equipment if needed.

Covid-19 has impacted the way the officers interact with the general public, as well as the reduction of looking for DWI clients at their homes.



The law enforcement agencies that have requested funding included equipment that is consistent with assisting officers in reducing DWI, and/or arresting offenders. In addition, the requests help to keep officers and the public safe and able to easily identify law enforcement.

Screening

Clients are referred to our office by the courts and by Adult Probation and Parole (APPO) to complete the drug and alcohol screening. Once a client is signed up, they are then referred to our screener Ty Kay as required by DFA. The fee for the screening is \$60.00 set by Mr. Kay. Mr. Kay then makes recommendation based on his assessment in Noble, as what supervision level the client needs to be placed at. After completion of the screening, all clients are referred to a treatment provider.

Alcohol Related Domestic Violence

Describe why this component was selected and the activities, services and programs that will be administered as part of this component. Identify new innovative or model programs, services and activities. Describe how the activities, services and programs are being evaluated. If not requesting LDWI funding, describe how this component need is met in your community.

New Mexico defines domestic abuse as -- an incident by a household member against another household consisting of or resulting:

- Physical harm
- Severe emotional distress
- Bodily injury or assault
- A threat causing Imminent fear of bodily injury by any household member.
- Criminal trespass
- Criminal damage to property
- Repeatedly driving by a residence or workplace
- Telephone harassment
- Harassment; or
- Harm or threatened harm to children

Overall, an analysis of domestic violence data comparing the most recent five years (2015-2019) to the previous five years (2010-2014) found that in 2015-2019, more domestic violence incidents were reported to law enforcement (an average 5% increase), more victims were identified by law enforcement (an average 6% increase), more suspects were identified by law enforcement (an average 11% increase), and stalking reports by law enforcement, while still exceedingly few, increased an average 50%. The number of incidents involving alcohol/drug use, one or more weapons, and children



present at the scene of the violence, all decreased: an average 7%, 6%, and 2%, respectively.
(DV Report Trends 2015-2019 Betty Caponera Oct20web.pdf (nmcsap.org)

When an individual is charged for an act of domestic abuse, the court may mandate the person to complete a 52-week domestic violence course as part of their sentence when placed on supervised probation. This portion will help determine the successful or unsuccessful closure of the individuals' probation. We then administer a referral to a state certified facility who can accommodate the individual in completing the 52-week course.

Facilities such as Roberta's Place and Battered Families provide domestic violence classes to offenders as well as victim services to the victims of domestic abuse. Other facilities like Presbyterian Medical Services & Family counseling and Valle Del Sol offer substance abuse and/or mental health if recommended as well as parenting classes or anger management as needed.

We hope to implement training for our staff and law enforcement to further the knowledge in what signs to look for and what types of resources to encourage when dealing with a possible domestic violence situation. It is detrimental to hold offenders who commit domestic abuse crimes accountable.

Outpatient/Jail Based Treatment

Explain why this component was selected. b. Discuss the services and programs that will be administered as part of this component. Identify whether they are new, innovative or model. c. Describe any changes to services and programs that were implemented as a result of Covid-19. d. List any fees collected by the Local DWI program. e. Describe how the services and programs are being evaluated.

The Cibola County DWI program utilizes outpatient treatment for all offenders, including domestic violence with alcohol clients. All clients are referred to outpatient after signing up for the program and after being screened. They have their choice of which treatment agency they wish to use, depending on where they live. We currently utilize PMS, Valle Del Sol (both in Grants) and Acoma behavioral health. IF the offender lives outside of Cibola County, they may choose a behavioral health agency in the county which they live. In either event we then send a referral to the behavioral health agency of their choice.

We currently have a contract with Valle Del Sol and I am working on completing MOU's or a contract with PMS and Acoma Behavioral health.

All three agencies provide a minimum of 12 group sessions (more if needed). The number of individual sessions varies on the clients needs. In addition to these agencies DWI also refers clients to Roberta's place for Domestic Violence treatment for offender, specifically BIP, Batteres Intervention Treatment. They also provide treatment for victims (Advocacy beyond leaving), including a children's program.

All programs are client centered, Culturally Appropriate and Trauma informed.

Compliance Monitoring/Tracking:



Explain why this component was selected. b. Describe the client referral process between each of the Courts (District, Metro, Magistrate, Municipal or Tribal) in the county. c. Describe the services that will be administered as part of this component. Identify whether they are new, innovative or model. FOR REFERENCE ONLY d. List the tool(s) and database(s) involved in the process. e. Describe any changes to services and programs that were implemented as a result of Covid-19. f. List any fees collected by the Local DWI program. g. Describe how the services are being evaluated.

Compliance monitoring and tracking is an ESSENTIAL component of the DWI program. In fact, it is the reason the program exists. Once a client is found guilty of misdemeanor DWI, it is then our jobs to ensure that the client follows all requirements of the Courts AND all requirements of the DWI program. We are charged with reducing recidivism rates. We do this by requiring treatment tailored to the individual, pulling random UA's, assisting the clients with resources for job searches, and/or education resources. This is a joint effort between the DWI program, treatment, prevention, law enforcement, screening, all components of the DWI program. Teaching the offender what is necessary to succeed is the "guidance phase". Directing them to the right place for the right service is the "opportunity phase". Helping them to see and understand the benefit of their choices is the "success phase".

On the punitive side there is certainly a place for damages and recoveries. While we do charge probation fees, UA fees, screening fees and soon SCRAM bracelet fees, we also mitigate the expense in alignment with their ability to pay. Many offenders pay the minimum amount necessary to assure the program is cover for anything beyond what the LDWI Grant, LDWI Distribution and Cibola County pay for.

We receive our referrals from Grants Municipal court, Cibola Magistrate court and the 13th District of NM Courts. Wea also receive referrals for courtesy supervision from other counties. Our supervision starts with the judgement and sentence that an offender agrees to complete in lieu of incarceration. Should an offender be a success, court becomes minimal or non-existent. To the contrary, our office reports the status to the respective court or agency. Through "due process" the offender is held accountable.

The biggest challenge we face right now is Covid-19. We are only able to have one person in the office at a time, which reduces the numbers of UA's that we can pull daily. In addition, we also have a Skelton staff crew working in the office currently.

Offenders successes and failures are all tracked in the ADE and Noble data bases and case management system.

We recently lost our lead compliance officer and are working on getting someone else trained to do evaluations on client's files based on New Mexico Counties Standards.



Alternative Sentencing

Explain why this component was selected. b. Discuss the activities, services and programs that will be administered as part of this component. Identify whether they are new, innovative or model. c. Describe any changes to activities, services and programs that were implemented as a result of Covid-19. d. Describe how the activities, services, and programs are being evaluated.

Cibola County DWI program works in conjunction with our Municipal court Judge Larson and the teen court initiative. Through Behavioral health education, counseling, peer support, and constructive activities (Santa Fe Mt. Center, NM Dept. Of Corrections) and in working with the 14th Judicial District Court's Treatments Courts, APPO, and the DWI program we plan to redirect these youth and give them the tools needed to make better decision. The Second Chance program is a 90-day program for youth charged with a crime or violation of school polity. It uses an evidence based Interactive Journal and a group community service program.

DWI is planning to support this program with education materials and assistance with Alive@25, Victim Impact Panels, and possibly other evidence-based instruction and/or motivational activities.

The biggest problem we are encountering currently is the pandemic. Due to Covid-19 all outside activities have been suspended and teen court is being help via video, which can be problematic due to spotty internet service and or lack of electronic equipment.

In addition to Teen Court, the Cibola County DWI program will be adding the SCRAM or ankle monitoring program. This is scheduled to happen in the next 12 months.

Community Participation

DWI Planning Council

Describe how the local DWI Planning Council represents the community, including tribal and pueblo representation, and the ongoing community involvement in the planned implementation and evaluation of the program's efforts. b. Describe the involvement of the DWI Planning Council in developing the application.

Cibola County does have a DWI Planning Council in place. The Council consists of Fire/EMS, law enforcement, compliance, prevention, local media, local treatment/service providers, our courts, and schools is a "open to anyone" meeting group. We will be having quarterly meetings to discuss the best options to "move forward". Our efforts are to get offenders successfully through compliance, prevent our youth from using drugs or alcohol, and catch the ones who still drink and drive despite all resources provided to them. We will also include discussions on how to move forward in regard to drug/alcohol related domestic abuse, and underage consumption.

The biggest obstacle we have right now is meeting in person during COVID-19. The other challenge is the spotty internet in some areas.

Collaboration:

Explain any current or planned collaboration efforts the program has with community members and other agencies/organizations in the county, including the rural, frontier, tribal and pueblo communities. b. Describe how these collaborative efforts further advance the goals of the program.



Community Collaboration has been very difficult or non-existent due to the pandemic. However, with that said there is collaboration with Cibola County, with Municipal, Magistrate and District courts and law enforcement, via phone, and/or Zoom. There are plans to have and participate in community events as soon as possible, i.e....the annual public safety day, public health day, Mud Volleyball fundraiser, school dances/fairs etc. We understand the importance of making sure the community is aware of who, what, where, when and why the Cibola County DWI program exists.

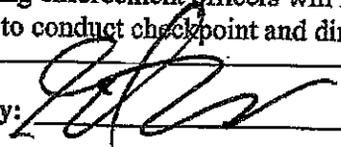
Law Enforcement Funding Request FY22

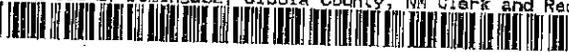
COMPLETE ONE FORM FOR EACH PARTICIPATING AGENCY

Law Enforcement Agency: <u>Milan PD</u>						
Activity	Check all that apply	Number of planned activities	Number of anticipated DWI / alcohol related arrests	Number of officers required for each activity	Estimated number of hours for each activity	Estimated total cost
Checkpoints	<input checked="" type="checkbox"/>	2	0	6	48	\$1,296
Directed patrols	<input checked="" type="checkbox"/>	2	2	6	48	\$1,296
Shoulder taps	<input type="checkbox"/>					
Underage drinking	<input type="checkbox"/>					
Other	<input type="checkbox"/>					
Total						\$ 0.00
		Type of Equipment - Please include name and description	Cost per unit	Number of units	Total cost	
*Equipment	<input checked="" type="checkbox"/>	<u>Unit Decals for DWI/ETR</u>	<u>25</u>	<u>2</u>	<u>\$50.00</u>	
*Must be related to DWI enforcement/activities.					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
TOTAL COSTS:					\$ 0.00	
By signing below, agencies agree that participating enforcement officers will have and maintain law enforcement certifications in all areas necessary to conduct checkpoint and directed patrol activities.						
Authorized Signature of Law Enforcement Agency: <u></u>				Date: <u>2-18-2021</u>		
Printed name: <u>Gilbert Gonzales</u>		Title: <u>Lieutenant</u>				
Other information (optional):						

Law Enforcement Funding Request FY22

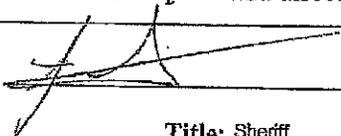
COMPLETE ONE FORM FOR EACH PARTICIPATING AGENCY

Law Enforcement Agency: <u>Grants PD</u>						
Activity	Check all that apply	Number of planned activities	Number of anticipated DWI / alcohol related arrests	Number of officers required for each activity	Estimated number of hours for each activity	Estimated total cost
Checkpoints	<input checked="" type="checkbox"/>	2	1	6	6	\$ 2,160.00
Directed patrols	<input checked="" type="checkbox"/>	5	1	4	4	\$ 2,400.00
Shoulder taps	<input type="checkbox"/>					
Underage drinking	<input type="checkbox"/>					
Other	<input type="checkbox"/>					
Total						\$ 4,560.00
		Type of Equipment – Please include name and description	Cost per unit	Number of units	Total cost	
*Equipment	<input checked="" type="checkbox"/>	Custom Radar	\$ 3,000.00	5	\$ 15,000.00	
*Must be related to DWI enforcement/activities.					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
TOTAL COSTS:					\$ 15,000.00	
By signing below, agencies agree that participating enforcement officers will have and maintain law enforcement certifications in all areas necessary to conduct checkpoint and directed patrol activities.						
Authorized Signature of Law Enforcement Agency:					Date: <u>2/17/24</u>	
Printed name: <u>STEVE CHAPPELL</u>			Title: <u>CHIEF OF POLICE</u>			
Other information (optional):						



Law Enforcement Funding Request FY22

COMPLETE ONE FORM FOR EACH PARTICIPATING AGENCY

Law Enforcement Agency: Cibola County Sheriff's Office						
Activity	Check all that apply	Number of planned activities	Number of anticipated DWI / alcohol related arrests	Number of officers required for each activity	Estimated number of hours for each activity	Estimated total cost
Checkpoints	<input type="checkbox"/>					
Directed patrols	<input checked="" type="checkbox"/>	2	0	5	48	\$ 1,500.00
Shoulder taps	<input checked="" type="checkbox"/>	2	0	4	48	\$ 1,500.00
Underage drinking	<input checked="" type="checkbox"/>	2	0	4	48	\$ 1,500.00
Other Warrant round up	<input checked="" type="checkbox"/>	2	4	6	48	\$ 1,296.00
Total						\$ 5,796.00
		Type of Equipment – Please include name and description	Cost per unit	Number of units	Total cost	
*Equipment	<input checked="" type="checkbox"/>	SureFire G2X Led Flashlight	\$ 59.99	20	\$ 1,199.80	
*Must be related to DWI enforcement/activities.					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
TOTAL COSTS:					\$ 1,199.80	
By signing below, agencies agree that participating enforcement officers will have and maintain law enforcement certifications in all areas necessary to conduct checkpoint and directed patrol activities.						
Authorized Signature of Law Enforcement Agency: 				Date: 02/18/21		
Printed name: Tony Mace				Title: Sheriff		
Other information (optional):						



FY22 Mandatory Treatment Questionnaire – Complete one form for in-house treatment services and one for each contracted treatment provider.

<p>Provider Name: <u>Valle Del Sol</u></p> <p>Can this provider bill Medicaid or any other medical insurance:</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If No, is there a plan in place to become a Medicaid provider:</p>	
1	<p>Please describe what treatment service(s) the program will provide:</p> <p><input checked="" type="checkbox"/> Intensive Outpatient Services (IOP)</p> <p><input checked="" type="checkbox"/> Outpatient treatment/therapy</p> <p><input checked="" type="checkbox"/> Peer Support</p> <p><input checked="" type="checkbox"/> Comprehensive Community Support Services (CCSS)</p> <p><input checked="" type="checkbox"/> Psychoeducation</p> <p><input type="checkbox"/> AccuDetox</p> <p><input checked="" type="checkbox"/> Other treatment/therapy. Please describe:</p>
2	<p>Which evidence-based program(s) (EBP) or promising practice will be used in the treatment program such as Moral Reconciliation Therapy (MRT), Stages of Change, Community Reinforcement and Family Training (CRAFT), etc.? Please list all:</p> <p>VDS currently uses these EBPs: Motivational Interviewing, Stages of Change, Solution Focused Brief Therapy for SUD, Trauma Informed Care, Seeking Safety, MRT and CRAFT</p>

Revised: January 2021



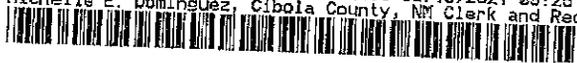
3	<p>Briefly describe how the treatment component functions, from intake to discharge, including intensity and duration of services:</p> <p>Upon referral, the client is scheduled for a comprehensive assessment to determine diagnoses and type and level of services needed. After the assessment is complete and a treatment plan is created with the involvement of the client, the clinician works with the front desk scheduling staff to place the client in the types of services; group, individual or family counseling, medication management etc. VDS follows the American Society of Addiction Medicine (ASAM) criteria in determining level of care placement of substance abuse services. Clients proceed through our program following the treatment plan which is reviewed every 90 days. Client and staff review the treatment plan together and decide what steps need to be taken to ensure forward progress for the next 90 days. If an urgent or emergent need for change in the care plan is needed, staff will work with client to ensure addition of the new services as needed. Upon completion of the program, staff and client do a discharge/transition plan for the client. Client's are always welcome to re-enter VDS anytime based on need or desire.</p>
4	<p>Will you refer to a less intensive level of care when the individual completes the treatment program provided?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If Yes, list available options:</p> <p>Clients will be able to move through a continuum of care from IOP, which is potentially the highest level of care we could offer to clients in Grants. They would then step down to outpatient therapy using individual, family and group therapies. With therapy we offer comprehensive community support services, ongoing psychiatric medication management as needed on a long term basis. When need for therapy is finished, clients will be referred to community groups such as AA or NA. VDS has an open door policy, and client's are always welcome to return at any time for a therapy service, CCSS, or detoxification services.</p>
5	<p>a. How often will you report attendance and treatment progress for clients served to the DWI Coordinator and/or Compliance staff?</p> <p>A formal short written report of treatment progress and attendance is completed by the assigned clinician and sent monthly by the 10th of the month to the required staff for the prior month. If at any time, the clinician believes the client to be non compliant with the program or in danger, the clinician will call DWI staff to report concern or change in status and document this in the client file.</p> <p>b. Please describe how the progress is reported</p> <p>The report is faxed from VDS to the DWI office</p>

Revised: January 2021



6	<p>List cost per client per program component:</p> <p>Intensive Outpatient Services (IOP): _____</p> <p>Outpatient treatment/therapy: _____</p> <p>Peer Support: _____</p> <p>CCSS: _____</p> <p>Psychoeducation: _____</p> <p>AccuDetox: <u>N/A</u></p> <p>Other treatment/therapy. Please describe:</p>
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Revised: January 2021



State of New Mexico
REGULATION & LICENSING DEPARTMENT
Board of Social Work Examiners



THIS IS TO CERTIFY THAT

Jack Patrick Hancock

LICENSE NO. C-10705

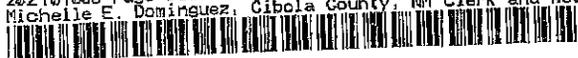
Having complied with the provisions of the Professional Social Work Act is
hereby granted a license to practice as a

Licensed Clinical Social Worker

ISSUE DATE: 03/06/2019

DATE EXPIRES: 07/01/2022

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS



State of New Mexico
Regulation & Licensing Department
Board of Social Work Examiners



THIS IS TO CERTIFY THAT

Darlene J. Barela

LICENSE NO. M-08868

Having complied with the provisions of the Professional Social Work Act is
hereby granted a license to practice

Licensed Masters Social Worker

ISSUE DATE: 10/10/2014

DATE EXPIRES: 07/01/2021

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS



State of New Mexico
REGULATION & LICENSING DEPARTMENT
Counseling and Therapy Practice Board



THIS IS TO CERTIFY THAT

Darlene J Barela

LICENSE NO. CSA8164711

Having complied with the provisions of the Professional Counseling and Therapy Act is hereby granted a license to practice as a

Substance Abuse Associate

ISSUE DATE: 02/20/2014

DATE EXPIRES: 09/30/2021

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS





State of New Mexico
REGULATION & LICENSING DEPARTMENT
Counseling and Therapy Practice Board

THIS IS TO CERTIFY THAT
Jennifer A. Farrington

LICENSE NO. CMH0180391

Having complied with the provisions of the Professional Counseling and Therapy Act is
hereby granted a license to practice as a

Licensed Mental Health Counselor

ISSUE DATE: 03/17/2016

DATE EXPIRES: 09/30/2021

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS





New Mexico State University Grants
1500 North Third Street
Grants, NM 87020
505-287-6678

February 17, 2021

Dear Sir or Madam,

It is with great pleasure I submit this letter of support for consideration of continued funding of the Cibola County (NM) DWI Program.

The Cibola County DWI program is critical for alcohol intervention and treatment in Cibola County. The program allows for a multi-prolonged approach to reducing DWI, alcoholism, and alcohol abuse. We know that many interventions by themselves help (treatment and enforcement for example), however using multiple strategies to combat the problem has a much greater effect. Therefore, local DWI Programs can fund different components such as: Prevention; Enforcement; Screening; Compliance Monitoring/ Tracking; Coordination, Planning and Evaluation; Treatment; Alternative Sentencing. Together, the key components are integral in reducing recidivism among offenders. Moreover, these funds help the local DWI Program provide services throughout the county, to reach as many people as possible.

I encourage you to award funding to the Cibola County DWI Program as the good work this program does directly impacts student seeking educational opportunities. Individuals who are pursuing their college certificates to enter the workforce or seeking an advanced degree are sometimes affected by these unfortunate realities either through a family member or friends. As a key player in the community of caring partners, NMSU Grants wants to continue to support the program. The many resources provided by this program extend to NMSU students, their families and friends, and others is of enormous benefit. The last thing we here at the NMSU Grants wants to do is to advise a student in need that there are no options for abuse, alcohol addiction or damaging exposure to underage drinking and treatment.

Thank you for your consideration. If there is anything I can provide to demonstrate NMSU Grants' continued support for this program, please do not hesitate to contact me.

Respectfully,

A handwritten signature in cursive script that reads "Marlene Chavez-Toivanen".

Marlene Chavez-Toivanen, Ph.D.
Vice President for Academic Affairs & Associate Campus Director
marchave@nmsu.edu
505-287-6641



Roberta's Place, Inc.

Serving, Strengthening & Supporting Families

2/10/21

Jessica Cooper
Executive Director

New Mexico Department of Finance and Administration
Bataan Memorial Building, Suite 203
407 Galisteo
Santa Fe, NM 87501

Board of Directors
Paul Milan
Deidra Metzger-Patel
Mary Jaramillo-Barraza
Kelly Thomas-Coyle
Dwight Kastendeick
Georgia Mathews
Ron Ortiz

RE: Local Government Division – LDWI/Domestic Violence

P.O. Box 7304
Grants, NM 87020

We are writing this letter on behalf of the Cibola County LDWI program to express our support of the application for funding, particularly, the Alcohol-Related Domestic Violence component.

Non-Residential
Services
807 E Roosevelt Ave.
(505) 287-7200

Roberta's Place, Inc. is a program and shelter for victims of domestic violence and has provided services in Cibola County since 1995. Additionally, we are the only approved provider in Cibola County able to provide programming for Domestic Violence Intervention Treatment and Intervention (DVOTI) under the State Statute NMSA 1978 section 30-3-15 or 30-3-16(2007).

Crisis:
(505) 287-7724

Roberta's Place has been working diligently to break down the very apparent stigma, personal bias, implications and judgement attached to domestic violence for not only victims but perpetrators as well. Funding from this grant would support our efforts by directly addressing these issues, in part by bringing in training for our innermost stakeholders, our first responders and those with an ability to meaningfully impact change needed within our local systems.

As always, we are grateful for the support and on-going collaboration with our local LDWI program and staff and look forward to working with the new director. We fully believe all such collaborations have a direct impact on the families within our community coping with the effects and aftermath of domestic violence.

Please accept our recommendation of funding for Grants/Cibola County LDWI program.

Again, thank you for your support.

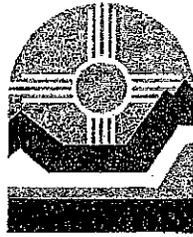
Sincerely,

Jessica Cooper

Facsimile:
(505) 287-7205

Executive Director
Roberta's Place, Inc.
PO Box 7304
Grants, NM 87020
505-287-7200 phone

Email:
robertas@
robertasplace.net



Valle del Sol of New Mexico

Bernalillo Service Site
301 S. Camino del Pueblo
Bernalillo, NM 87004
p. 505.867.2383
f. 505.867.7293

Espanola Service Site
904B E. Fairview Ln.
Espanola, NM 87532
p. 505.747.1991
f. 505.204.7159

Grants Service Site
906 N. First Street
Grants, NM 87020
p. 505.287.7985
f. 505.287.3814

Los Lunas Service Site
428 Los Lentos SE
Los Lunas, NM 87031
p. 505.865.3350
f. 505.865.4739

Moriarty Service Site
PO Box 2061
717 Abrahames Rd., Ste D
Moriarty, NM 87035
p. 505.384.0220
f. 505.384.0222

Raton Service Site
PO Box 1165
101 Letton Drive
Raton, NM 87740
p. 575.383.2065
f. 575.347.1190

Santa Rosa Service Site
501 S. 4th St.
Santa Rosa, NM 88435
p. 575.472.0745
f. 575.472.0746

Taos Service Site
314 Don Fernando St
Taos, NM 87571
p. 575.751.7037
f. 575.758.3459

Clayton Service Site
834 Main St
Clayton, NM 88415
p. 505.867.2383
f. 505.867.7293

February 16, 2021

Department of Finance Administration
State of New Mexico

To whom it may concern:

Valle del Sol of New Mexico has been providing behavioral health services for the residents of Cibola County since 2013. As part of our service array we have worked closely with Cibola County DWI Program providing substance abuse treatment for our clients. The services include intensive Outpatient therapy, outpatient therapy, community support services and medication management if needed.

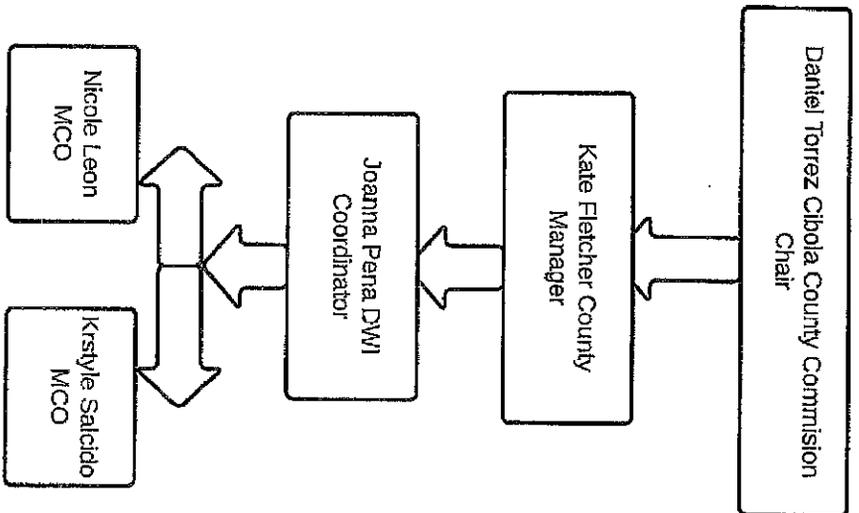
Cibola DWI program has been a vital part of our efforts to improve the recovery and stability of participants in the legal system and gain stability and recover from barriers such as substance abuse. This program is a necessary component to community safety and behavioral health recovery for residents of Cibola County. Please accept this letter as voice of support for continued funding for this program.

Please do not hesitate to reach out if there is any other information we can offer that will assist in your decision to continue funding of this program.

Respectfully,

DocuSigned by:
Rene Edwards
Rene Edwards, LPCC
Sr. Clinical Operations Director

Organizational Chart



FY22 LDWI Distribution Application

Revenues and Expenditures

**Local DWI Distribution Program
Revenue/Expenditure Roll Up – Exhibit J**

County/Municipality Cibola

Revenue Breakdown

Local DWI Program	<u>\$ 245,839.00</u>	In-Kind Match:	
		Program Generated Fees	<u>\$ 25,000.00</u>
		County	<u> </u>
		City	<u> </u>
		Judicial/Courts	<u> </u>
		Other:	<u> </u>
		Other:	<u> </u>
		Other:	<u> </u>
		Total:	<u>\$ 25,000.00</u>

Expenditure Breakdown

LDWI Distribution		In-Kind Match	
<u><i>Program</i></u>		<u><i>Administrative</i></u>	
Personnel Services	<u>\$ 136,082.20</u>	Personnel Services	<u>\$ 0.00</u>
Employee Benefits	<u>\$ 55,000.00</u>	Employee Benefits	<u>\$ 0.00</u>
Travel (in-state)	<u>\$ 0.00</u>		
Travel (out-of-state)	<u>\$ 0.00</u>	<u><i>Program</i></u>	
Supplies	<u>\$ 0.00</u>	Personnel Services	<u>\$ 0.00</u>
Operating Costs	<u>\$ 10,559.00</u>	Employee Benefits	<u>\$ 0.00</u>
Contractual Services	<u>\$ 44,197.80</u>	Travel (in-state)	<u>\$ 0.00</u>
Minor Equipment	<u>\$ 0.00</u>	Travel (out-of-state)	<u>\$ 0.00</u>
Capital Purchases	<u>\$ 0.00</u>	Supplies	<u>\$ 0.00</u>
		Operating Costs	<u>\$ 0.00</u>
		Contractual Services	<u>\$ 25,000.00</u>
		Minor Equipment	<u>\$ 0.00</u>
		Capital Purchases	<u>\$ 0.00</u>
		Total	<u>\$ 25,000.00</u>



Distribution Exhibit J1 - Prevention

Request Amount: \$ 10,000.00 **In-Kind Match:** \$ 0.00

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 Distribution

Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		
Contractual Services	\$ 10,000.00	7 cities production (videos on instagram, facebook and local chanel McKinly county. Billboards and prevention materials
Minor Equipment		
Capital Purchases		

Provide detailed 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		



Distribution Exhibit J2 - Law Enforcement

Request Amount: \$ 29,197.80 **In-Kind Match:** \$ 0.00

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

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

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	<u>\$ 29,197.80</u>	Checkpoints, Directed Patrol, Shoulder taps, underage drinking, warrant round up and equipment
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed 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	_____	_____



Distribution Exhibit J3 - Screening

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

Request Amount: \$ 0.00 **In-Kind Match:** \$ 25,000.00

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 Distribution

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 detailed 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	\$ 25,000.00	Screening fees not to exceed 25,000 per fiscal year. Screening fees are paid from clients for our Screeners fees.
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J4 - Treatment

Request Amount: \$ 0.00 In-Kind Match: \$ 0.00

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 Distribution

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 detailed 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	_____	_____

Distribution Exhibit J5 - Compliance Monitoring/Tracking

Request Amount: \$ 117,802.20 In-Kind Match: \$ 0.00

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 Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	\$ 81,082.20	2 Misdemeanor compliance officer positions and 1 admin assistant yearly salaries
Employee Benefits	\$ 30,000.00	2 Misdemeanor Compliance Officer positions and 1 admin assistant, yearly benefits
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs	\$ 6,720.00	office supplies, testing equipment,
Contractual Services		
Minor Equipment		
Capital Purchases		

Provide detailed 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		

Distribution Exhibit J6 - Coordination, Planning & Evaluation

Request Amount: \$ 83,839.00 **In-Kind Match:** \$ 0.00

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 Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	\$ 55,000.00	DWI Coordinator yearly salary
Employee Benefits	\$ 25,000.00	DWI Coordinator yearly benefits
Travel (In-State)		
Travel (Out-of-State)		
Supplies		training, supplies, travel
Operating Costs	\$ 3,839.00	
Contractual Services		
Minor Equipment		
Capital Purchases		

Provide detailed 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		

Distribution Exhibit J7 - Alternative Sentencing

Request Amount: \$ 5,000.00 **In-Kind Match:** \$ 0.00

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 Distribution

Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		
		Teen Court supplies and membership fees
Contractual Services	\$ 5,000.00	
Minor Equipment		
Capital Purchases		

Provide detailed 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		



FY22 LDWI Grant Application

Revenues and Expenditures

11-6A-3.G. Sixty-five percent of the DWI grants awarded to local communities shall be used for alcohol-related treatment and detoxification programs.

**Local DWI Grant Program
Revenue/Expenditure Roll Up - Exhibit J**

County/Municipality Cibola

Revenue Breakdown

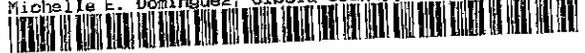
Local DWI Program \$ 100,000.00

In-Kind Match:	
Program Generated Fees	
County	<u> \$ 35,904.00 </u>
City	<u> </u>
Judicial/Courts	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
Total:	<u> \$ 35,904.00 </u>

Expenditure Breakdown

LDWI Grant	
<u>Program</u>	
Personnel Services	<u> \$ 0.00 </u>
Employee Benefits	<u> \$ 0.00 </u>
Travel (in-state)	<u> \$ 0.00 </u>
Travel (out-of-state)	<u> \$ 0.00 </u>
Supplies	<u> \$ 0.00 </u>
Operating Costs	<u> \$ 25,000.00 </u>
Contractual Services	<u> \$ 75,000.00 </u>
Minor Equipment	<u> \$ 0.00 </u>
Capital Purchases	<u> \$ 0.00 </u>

In-Kind Match	
<u>Administrative</u>	
Personnel Services	<u> \$ 0.00 </u>
Employee Benefits	<u> \$ 0.00 </u>
<u>Program</u>	
Personnel Services	<u> \$ 0.00 </u>
Employee Benefits	<u> \$ 0.00 </u>
Travel (in-state)	<u> \$ 0.00 </u>
Travel (out-of-state)	<u> \$ 0.00 </u>
Supplies	<u> \$ 0.00 </u>
Operating Costs	<u> \$ 35,904.00 </u>
Contractual Services	<u> \$ 0.00 </u>
Minor Equipment	<u> \$ 0.00 </u>
Capital Purchases	<u> \$ 0.00 </u>
Total	<u> \$ 35,904.00 </u>



Grant Exhibit J1 - Prevention

Request Amount: \$ 0.00 In-Kind Match: \$ 0.00

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.

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.

Line Item	Amount	Explanation/Justification
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	_____	_____

Grant Exhibit J2- Law Enforcement

Request Amount: \$ 0.00 In-Kind Match: \$ 0.00

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.

EDWE Grant 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	_____	_____



Distribution Exhibit J3 - Screening

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

Request Amount: \$ 0.00 In-Kind Match: \$ 0.00

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.

DWI Grant

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	_____	_____



Grant Exhibit J4 - Treatment

Request Amount: \$ 75,000.00 In-Kind Match: \$ 0.00

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.

Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		Valle Del Sol, outpatient treatment, individual and group
Contractual Services	\$ 75,000.00	
Minor Equipment		
Capital Purchases		

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

Line Item	Amount	Explanation/Justification
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		

Grant Exhibit J5 - Compliance Monitoring/Tracking

Request Amount: \$ 25,000.00 In-Kind Match: \$ 0.00

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.

EDWI Grant Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		Scram bracelts, training
Operating Costs	\$ 25,000.00	
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		

Grant Exhibit J6 - Coordination, Planning & Evaluation

Request Amount: \$ 0.00 **In-Kind Match:** \$ 35,904.00

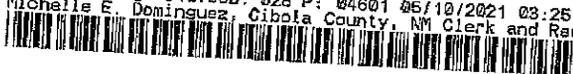
If funding is requested or you are reporting in-kind match for Coordination, Planning & Evaluation, you must complete the following

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

EDWIG Grant 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	<u>\$ 35,904.00</u>	<u>Rent space Cibola County</u>
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____



Grant Exhibit J7 - Alternative Sentencing

Request Amount: \$ 0.00 In-Kind Match: \$ 0.00

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.

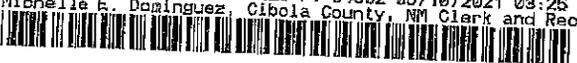
IDWT Grant

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	_____	_____



FY22 LDWI Application Completeness Checklist

Submission: Electronic - One (1) application emailed to Julie Krupcale

- Application Cover Sheet – with wet or electronic signatures
- Table of Contents – with page numbers
- Resolution – with wet or electronic signatures
- Statement of Assurances – with wet or electronic signatures
- MOU – with wet or electronic signatures

Application Forms, including:

- Local DWI Program Personnel
- County/City Personnel
- Local DWI Voting Planning Council Members
- Application Narrative
- Law Enforcement Funding Request – if applicable
- Treatment Questionnaire(s) – if applicable
- Licensure and Certificates
- Letters of Support – At least 3
- Organizational Chart – Clearly identifies DWI coordinator and staff

Budget and Justification (Exhibits J-J7) forms:

Distribution	Grant	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roll-Up (Exhibit J)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention (J1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enforcement (J2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening (J3)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outpatient/Jail-Based Treatment (J4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance Monitoring/Tracking (J5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coordination, Planning & Evaluation (J6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative Sentencing (J7)

- Indirect administrative Costs are budgeted as In-Kind Match (if applicable)
- Teen Court funding is limited to \$30,000 (if applicable)
- Judiciary costs are limited to 10% (if applicable)
- In-Kind Match from County/Municipality is at least 10% of request:

Distribution Grant

Screening Fees collected are included as In-Kind Match: Distribution Grant

