



# Gallatin County DUI Task Force

1709 West College ♦ Bozeman, MT 59715 ♦ 406-585-1492

<http://gallatincomt.virtualltownhall.net/duitaskforce>

## Community Education & Activity Support & Enforcement

# CEASE Awards Application

Following are: (1) Equipment/Project/Activity Questionnaire, (2) Money Request Form, & (3) Final Report & Evaluation Form

- ◆ Please include the name of the Project and Agency on each page.
- ◆ *Review, print and sign the Instructions before continuing.*
- ◆ *Include the Signature Page from the Instructions with this Application.*

### Equipment / Project / Activity Questionnaire

1. Name of Agency/Applicant \_\_\_\_\_
2. Date of Application \_\_\_\_\_
3. Contact Person *(if different than above)* \_\_\_\_\_
4. Address \_\_\_\_\_
5. Phone \_\_\_\_\_ 6. Email \_\_\_\_\_
7. Name & contact for the Agency Supervisor who signed off on the Instruction page:  
\_\_\_\_\_
8. Agency Website \_\_\_\_\_
9. Equipment/Project/Activity Description & Dates, along with the goal or mission for the Project.

10. How will this equipment/activity/project support the DUI Task Force Strategic Plan Goals & Annual Plan? (Please quote from the DUI Task Force Annual Plan found at: [http://gallatincomt.virtualltownhall.net/Public\\_Documents/gallatincomt\\_oui/taskforceprograms](http://gallatincomt.virtualltownhall.net/Public_Documents/gallatincomt_oui/taskforceprograms))

*Please be specific.*

11. Who will benefit and what is the anticipated number of participants (or scope/reach)?

12. Where, how and when will a Press Release be issued to announce the funding of the project if the CEASE Award request is approved? *Please attach a draft of that Release.*

13. Would the Agency still sponsor this Event/Project if not funded by the Gallatin County DUI Task Force?    Yes    No

14. What other options for funding have been explored?

*If the grant request is for a purchase totaling over \$1,000, the [Bid Tabulation Form](#) must be included with the Application.*

*Fill out the form (included on the DUI Task Force website CEASE Award page) to show that bids were solicited or to document that a particular vendor must be used because of previous purchases with that vendor.*

Please be sure to respond to all questions.

**Money Request Form**

Agency/Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Equipment/Activity/Project \_\_\_\_\_

Please list all items needed or applicable. Please be as specific as possible in requesting funds.

List All Expenses

- |          |          |
|----------|----------|
| a) _____ | \$ _____ |
| b) _____ | \$ _____ |
| c) _____ | \$ _____ |
| d) _____ | \$ _____ |
| e) _____ | \$ _____ |
| f) _____ | \$ _____ |

Sub Total \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Final Total \$ \_\_\_\_\_

Additional Comments:

*Award reimbursement will not be made for cost over-runs.*

Name & Signature of Agency Supervisor:

(Signature) \_\_\_\_\_

(Please Print) \_\_\_\_\_

- End of Money Request Form & Application -

## Final Report and Evaluation

*(Complete and submit within 14 days after the completion of the funded project and prior to submitting for reimbursement of expenses)*

Law Enforcement Agency \_\_\_\_\_

*(Attach a copy of the issued Press Release for this activity)*

Agency/Sponsor of Project \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Equipment/Activity Title \_\_\_\_\_

Equipment/Activity Location \_\_\_\_\_

Equipment/Activity Start-Time/End-Time \_\_\_\_\_

Number of Sessions \_\_\_\_\_ Number of People Involved or Affected \_\_\_\_\_

The primary purpose of this Project was:

- a) Education      b) Enforcement      c) Equipment      d) Other

What were the results of your project? How did the Equipment/Activity/Project help to reduce or prevent DUI?

*In order to evaluate the value of this project, the Task Force requires a full and thoughtful evaluation from awardees. Include an additional WORD document as needed in order to provide the necessary detail.*

Name & Signature of Agency Supervisor:

Signature \_\_\_\_\_

Please Print \_\_\_\_\_

- End of Form -