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| cid:03D170EA-7625-4034-94BE-C34D9D47C127 | **Gallatin County DUI Task Force**  1709 West College ⬩ Bozeman, MT 59715 ⬩ 406-585-1492  <https://gallatincomt.virtualtownhall.net/dui-task-force> |

**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.***

|  |  |  |  |  |  |  |  |  |  |  |
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| **Equipment / Project / Activity Questionnaire** | | | | | | | | | | |
| 1. Name of Agency/Applicant | | | | | | |  | | | |
| 1. Date of Application | | | | | |  | | | | |
| 1. Contact Person *(if different than above)* | | | | | | | |  | | |
| 1. Address | | | |  | | | | | | |
| 1. Phone | | |  | | | | | | 1. Email |  |
| 1. Name & contact for the Agency Supervisor who signed off on the Instruction page: | | | | | | | | | | |
|  | |  | | | | | | | | |
| 1. Agency Website | | | | |  | | | | | |
| 1. Equipment/Project/Activity Description & Dates, along with the goal or mission for the Project. | | | | | | | | | | |
|  |  | | | | | | | | | |
|  | | | | | | | | | | |
| 1. How will this equipment/activity/project support the DUI Task Force Strategic Plan Goals & Annual Plan? (Please quote from the actual DUI Task Force Annual Plan found at: <https://gallatincomt.virtualtownhall.net/dui-task-force/pages/task-force-information>) ***Please be specific.*** | | | | | | | | | | |
|  |  | | | | | | | | | |
| 1. Who will benefit and what is the anticipated number of participants (or scope/reach)? | | | | | | | | | | |
|  |  | | | | | | | | | |
| 1. 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.*** | | | | | | | | | | |
|  |  | | | | | | | | | |
| 1. Would the Agency still sponsor this Event/Project if not funded by the Gallatin County DUI Task Force? Yes No | | | | | | | | | | |
| 1. What other options for funding have been explored? | | | | | | | | | | |
|  |  | | | | | | | | | |
| *If the grant request is for a purchase totaling over $1,000, the* [*Bid Tabulation Form*](http://www.gallatin.mt.gov/Public_Documents/gallatincomt_dui/BidTabulationForm.pdf) *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.**

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| **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 | | | | | | | | | | | | |
|  | | |  | | | | | | | | $ |  |
|  | | |  | | | | | | | | $ |  |
|  | | |  | | | | | | | | $ |  |
|  | | |  | | | | | | | | $ |  |
|  | | |  | | | | | | | | $ |  |
|  | | |  | | | | | | | | $ |  |
|  | | |  | | | | | | | |  |  |
|  | | |  | | | | | | | 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 -**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | | | | | |
| 1. Education | | | | | | | 1. Enforcement | | | | | 1. Equipment | | | | 1. 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 -**