



Gallatin County DUI Task Force

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

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

Community Education & Activity Support & Enforcement

CEASE Awards Overtime Patrol Application

Following are:

- 1) Equipment/Project/Activity Questionnaire
- 2) Money Request Form
- 3) Final Report & Evaluation Form

- ♦ Include the name of the project and agency on each page.
- ♦ Review, sign and date the final page of the CEASE Award Instructions (separate document) and include the signed page with this application.

Equipment / Project / Activity Questionnaire

1. Law Enforcement Agency applying for Funds _____
2. Date of Application _____
3. Contact Person _____
4. Address _____
5. Phone _____ 6. Email _____
7. Website _____
8. Proposed Dates of Overtime Hours *(Must be for this fiscal year – please see Instructions)*

9. Purpose(goal) of Overtime and why is a DUI overtime activity essential on the proposed dates?

10. Anticipated outcome:

11. How will the effectiveness of your Overtime activity be measured? How will you communicate that to the Task Force?

12. Would this Overtime activity still occur if not funded by the Gallatin County DUI Task Force?

Yes

No

13. What other funding sources have been contacted for this activity and what were the results of those contacts? *Please be specific.*

DUI Overtime Request Form

Name of Agency requesting the Funding _____

Please provide the following:

1. Anticipated Hours of each Activity _____
2. Cost per hour of Overtime \$ _____
(The Task Force does not cover mileage or vehicle costs)
3. Total Billing for each Overtime Activity \$ _____
4. Number Requested x _____
5. Total Cost \$ _____

***Be accurate – the Task Force will not cover cost over-runs.
Per diem is not included in overtime patrol awards.***

6. Additional Comments:

Name & Signature of Agency Supervisor:

(Signature) _____

(Please print) _____

- End of Money Request Form -

Final Report & Evaluation

(Complete and submit within 14 days after the completion of the funded project and prior to submitting for reimbursement of expenses. Projects that do not comply with reporting requirements may receive two years of probation from further CEASE Awards funding.)

Law Enforcement Agency _____
(Attach a copy of the issued Press Release for this activity)

Name & Signature of Agency Supervisor:

(Signature) _____

(Please print) _____

- End of Evaluation Questions -