# DUIAC Gold Logo.jpg

# DOUGLAS A. DUCEY

Governor

# ALBERTO GUTIER

Director  
Governor’s Highway Safety Representative

# Vickie Hill

CHAIRMAN

DUI ABATEMENT COUNCIL

# DUI Abatement Council Proposal Template

Please use the following template to create your DUI Abatement Council Proposal.

(Agency Name)

(Proposal Title)

The DUI Abatement Council provides State grant funding under two specific areas:

**Enforcement:**

The council shall make grants from the driving under the influence abatement fund established by A.R.S. 28-1304 to political subdivisions and tribal governments that apply for monies for enforcement purposes, prosecutorial and judicial activities and alcohol abuse treatment services related to preventing and abating driving or operating under the influence occurrences in a motor vehicle or a motorized watercraft as defined in section 5-301.

**Innovative:**

The council shall make grants from the driving under the influence abatement fund established by A.R.S. 28-1304 to innovative programs that use emerging technologies to educate, prevent or deter occurrences of driving or operating under the influence in a motor vehicle or a motorized watercraft.

**Contact Information**

|  |  |  |
| --- | --- | --- |
| **Agency:** | Agency Name: |  |
|  | Address: |  |
|  | City, State, Zip: |  |
|  | Phone: |  |
|  |  |  |
| **Governmental Unit:** | Governmental Name: |  |
|  | Address |  |
|  | City, State, Zip: |  |
|  |  |  |
| **Project Director:** | Name: |  |
|  | Title: |  |
|  | Phone: |  |
|  | Email: |  |
|  |  |  |
| **Project Administrator:** | Name: |  |
|  | Title: |  |
|  | Phone: |  |
|  | Email: |  |
|  |  |  |
| **Financial Contact:** | Name: |  |
|  | Title: |  |
|  | Phone: |  |
|  | Email: |  |

Please attach a cover letter addressed to the Chairman of the DUI Abatement Council on agency letterhead. This cover letter **must be signed** by a representative of your agency authorized to commit your agency to conduct the grant it be approved for funding.

**Traffic Data Summary – Law Enforcement Report**

**(Submitted to GOHS)**

Please include the following traffic data to support the identified problem in your proposal.

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **2018** | **2017** | **2016** |
| Total Contacts (Traffic Stops) |  |  |  |
| Total Traffic Fatalities |  |  |  |
| Total Sober Designated Drivers Contacted |  |  |  |
| **Total DUI Arrests** |  |  |  |
| Total DUI Aggravated |  |  |  |
| Total DUI Misdemeanor |  |  |  |
| Total DUI Extreme (.15 or Above) |  |  |  |
| Under 21 DUI Arrests |  |  |  |
| Average BAC |  |  |  |
| Minor Consumption / Possession Citations |  |  |  |
| Total DUI Drug Arrests |  |  |  |
| 30-Day Vehicle Impounds |  |  |  |
| Seat Belt Citations |  |  |  |
| Child Restraint Citations |  |  |  |
| Criminal Speed Citations |  |  |  |
| Aggressive Driving Citations |  |  |  |
| Civil Speed Citations |  |  |  |
| Other Citations |  |  |  |
| Other Arrests |  |  |  |
| Participating Officer/Deputies (Cumulative) |  |  |  |
| Total Know Your Limit Contacts |  |  |  |

**Proposal Summary**

Please include a summary of funding requested.

EXAMPLE: Agency requests funding for DUI Overtime Enforcement throughout the city/county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Agency plans on using grant funding for extra DUI enforcement saturation patrols during times when impaired driving may be at its highest.

**Agency Background**

Provide description of agency and work area including information on population and demographics. Also include a description of streets and highways in the agency’s jurisdiction including road mileage.

**Problem Statement**

What problem is your agency looking to solve with this grant?

Provide appropriate data to support funding for the problem area identified.

**Project Objectives / Method of Procedure**

Project objectives in your proposal should follow the SMART method. They should be:

**S = Specific**

**M = Measurable**

**A = Action-Oriented**

**R = Realistic**

**T = Time-Framed**

State the project objectives in measurable terms that relate to the identified problem. Please detail how your agency will accomplish these objectives over the grant contract period.

**DUI Abatement Grant**

**Estimated Budget Costs**

Follow the template provided in the sample budget below for contract expenditures.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description** | **Total** |
| **Personnel Services (Overtime)** |  | $0.00 |
| **Employee Related Expenses** |  | $0.00 |
| **Materials and Supplies** |  | $0.00 |
| **Capital Outlay** |  | $0.00 |
| **Total Estimated Cost:** |  | **$0.00** |

**Budget Narrative**

Include a narrative explanation and justification for each budget category expense outlined in the budget costs.

*Examples:*

**Personnel Services & Employee Related Expenses:**

Funds will be used for Personnel Services (Overtime) and Employee Related Expenses (ERE) to support and enhance DUI enforcement throughout the City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Based on the receiving agency’s budget, the approximant ERE percentage will be \_\_\_\_\_\_%.

**Attachments**

A resolution from your agency’s board of supervisors or city/town council will be included in this section. Please attach any further documentation in PDF format when submitting your DUI Abatement Council proposal.