

## REIMBURSEMENT CLAIM FORM OBD/ODWI GRANTS

<b>AGENCY:</b>		<b>MONTH/SUPERBLITZ PERIOD:</b>			
<b>COORDINATOR:</b>		<b>PHONE:</b>			
SECTION A					
1. Costs calculated at: <input type="checkbox"/> Regular rate <input type="checkbox"/> Task Force rate					
2. ODWI Agreement #:					
# Checkpoints:		Cost per checkpoint: \$		Total checkpoint cost: \$	
# Officers in saturation patrols:		Total hours saturation patrols:		Hourly rate per officer:	\$
Indirect Costs (list position, hourly rate & # hours worked – <b>cannot exceed 10% of this claim</b> )					\$
<b>CLAIM NO. FY05-_____</b>		<b>TOTAL ODWI REIMBURSEMENT \$</b>			
3. OBD Agreement #:					
# Units worked (2 hrs. = 1 Unit):		Cost per unit: \$		Total cost <b>TOPE</b> (Targeted Occupant Protection Enforcement): \$	
Personal Services: (See page 2 for details)				<b>TOTAL</b>	\$
<b>CLAIM NO. FY05-_____</b>		<b>TOTAL OBD REIMBURSEMENT \$</b>			
4. Is this the FINAL request for the year?    YES___    NO___					
5. Name/Address to mail warrant:					
Agency Name:			Street/P.O. Box:		
City:		State: NM	Zip code:		
<i>For authorized agency representative and payroll administrator:</i> "We hereby certify to the best of our knowledge and belief, the information is correct; these services have been provided; expenditures are properly documented and will not be charged to another funding source; and these funds do not supplant any of our current funding."					
Name of LE Official: (PLEASE PRINT)		Signature:		Date:	
Name of Payroll Administrator: (PLEASE PRINT)		Signature:		Date:	
TSB Program Manager (PLEASE PRINT)		Signature:		Date:	

**For statistical reporting:** Fax page 2 and/or 3 to Safer New Mexico Now, C/O Project Coordinator at (505) 471-3986, before the 3rd of the following month.

**For reimbursement:** Submit the **original Page 2 and this cover sheet** with original signatures, to Safer New Mexico Now, 3220 Richards Lane, Suite A, Santa Fe, NM 87507. **Please do not send backup documentation.**

## OBD/ODWI ACTIVITY REPORT FORM

<b>AGENCY:</b>		<b>Month/Superblitz Period:</b>			
<b>SECTION B – Use additional sheets if necessary</b>					
<b>OPERATION DWI ACTIVITIES</b>					
Date: <input type="checkbox"/> Checkpoint <input type="checkbox"/> Saturation Patrol -- # Officers:					
Location:	Start time:	End time:	Direction traffic:	# Vehicles:	
# DWI arrests:					
# Open container citations:					
# Under 21 possession/consumption citations:					
# Other citations:					
# Written warnings:					
# Other arrests:					
Date: <input type="checkbox"/> Checkpoint <input type="checkbox"/> Saturation patrol -- # Officers:					
Location:	Start time:	End time:	Direction Traffic:	# Vehicles:	
# DWI arrests:					
# Open container citations:					
# Under 21 possession/consumption citations:					
# Other citations:					
# Written warnings:					
# Other arrests:					
<b>OPERATION BUCKLE DOWN ACTIVITIES</b>			<b>TOPE (Targeted Occupant Protection Enforcement)</b>		
			Total # units worked:		
			# Seat belt citations:		
			# Child restraint citations:		
			# Other citations:		
			# Written warnings:		
			# Other arrests:		
<i>Personal Services -- Overtime for Training/Car Seat Clinics/ Fitting Stations:</i>					
Officer Name	List Activity	Date	Total Hours	Hourly Rate X 1.5	Total Paid
<i>Personal Services -- Per diem for Officer(s) to attend training (Operation Kids or 4-Day NHTSA Standardized Child Passenger Safety training):</i>					
Officer Name	List Activity	Date(s)	Amount Paid		
<b>SECTION C (Public Information and Education)</b> For each of the following PI&E activity categories, please circle "No" or "Yes" and give details.					
News release?	NO	YES	(List names of media):		
PSAs?	NO	YES	(List stations):		
Broadcast interviews?	NO	YES	(List stations):		
Other activities?	NO	YES	(Give details):		
Trends/Problems/Comments:					

## OBD/ODWI ACTIVITY REPORT FORM (CONTINUATION)

AGENCY:		Month/Superblitz Period:		
SECTION B – Use additional sheets if necessary				
<b>OPERATION DWI ACTIVITIES</b>				
Date: <input type="checkbox"/> Checkpoint <input type="checkbox"/> Saturation Patrol -- # Officers:				
Location:	Start time:	End time:	Direction traffic:	# Vehicles:
# DWI arrests:				
# Open container citations:				
# Under 21 possession/consumption citations:				
# Other citations:				
# Written warnings:				
# Other arrests:				
Date: <input type="checkbox"/> Checkpoint <input type="checkbox"/> Saturation Patrol -- # Officers:				
Location:	Start time:	End time:	Direction traffic:	# Vehicles:
# DWI arrests:				
# Open container citations:				
# Under possession/consumption citations:				
# Other citations:				
# Written warnings:				
# Other arrests:				
Date: <input type="checkbox"/> Checkpoint <input type="checkbox"/> Saturation Patrol -- # Officers:				
Location:	Start time:	End time:	Direction traffic:	# Vehicles:
# DWI arrests:				
# Open container citations:				
# Under 21 possession/consumption citations:				
# Other citations:				
# Written warnings:				
# Other arrests:				
Trends/Problems/Comments:				