2024-2025 Off-Highway Vehicle Overtime Grant Application Form

Name of Project: (please limit to five words or less)	Grant Request: \$			
Applying Entity Information:				
Applying entity name:	Applying entity address:			
Applying entity Federal Tax ID number:	Applying entity NM Vendor Number:			
Applying entity point of contact:	Point of contact phone number:			
Point of contact email:				
Commissioned Law Enforcement Supervisor point of contact:				
Name and Rank:				
Phone number & Email:				

Applying entity type:				
	IRS designated not-for-profit organization			
	Federal agency			
	State agency			
	Local agency			
	Tribal agency			
Grant Category: (check one):				
	Type 1: Law enforcement safety patrols			
	Type 2: Safety education, promotion, or public outreach			
Patrol Vehicles to be Used (Please check all that apply):				
ATV		ROV (Side-by-side)	Motorcycle	
Snowmobile		Department unit	Other:	

OPERATION PLAN

FOR LAW ENFORCEMENT PATROLS: INCLUDE THE ISSUES TO BE ADDRESSED, ANTICIPATED NUMBER OF OPERATIONS, ANTICIPATED DATES OR TIMEFRAME OF OPERATIONS, GENERAL LOCATIONS OF OPERATIONS, OPERATION HOURS, AND NUMBER OF OFFICERS NEEDED TO CONDUCT AN OPERATION. INCLUDE A GENERAL BUDGET FOR EACH OPERATION AND FINANCIAL CAPABILITY TO COVER THE COST PRIOR TO QUARTERLY REIMBURSEMENT. PLEASE INCLUDE A PATROL AREA MAP AT THE END OF THE OPERATION PLAN. FOR SAFETY TRAINING: PROMOTION OR OUTREACH, INCLUDE AN ANTICPATED SCHEDULE OF CLASSES AND/OR A SYNOPIS OF THE PROMOTION AND OUTREACH ACTIVITIES PLANNED.

OPERATION PLAN (CONTINUED): Please provide in description of

VERIFICATION STATEMENT:

We, the undersigned certify that (1) this information is accurate; (2) we agre with all the guidelines as presented by the New Mexico Department of Gam and (3) we agree to comply with all existing and appropriate local, state, and guidelines (4) We understand that the grant is reimbursement based.		
Signature of Applying Entity Representative	 Date	
Signature of Commissioned Law Enforcement Supervisor	 Date	