

**COLORADO DEPARTMENT OF TRANSPORTATION
APPLICATION FOR LEAF PROJECT**



Applying agency(s)	
Federal Employee Identification Number (FEIN):	
Project location	
Mailing address _____ _____	
Project period From	to
Signature of proposed project director	Title

Approval to proceed with grant request

Signature	
Name	Title
For: (Board of County Commissioners, County Administrator, Mayor, Town Administrator, City Council, etc.)	Date

Return completed applications by close of business on _____ to:

**COLORADO DEPARTMENT OF TRANSPORTATION
OFFICE OF TRANSPORTATION SAFETY**
State LEAF Administrator
4201 East Arkansas Avenue, EP770
Denver, Colorado 80222

(303) 757-9462
(303) 757-9219 (FAX)

PART A PROBLEM STATEMENT If you are unfamiliar with the LEAF grant application process, please refer to the LEAF APPLICATION GUIDELINES or call the State LEAF Administrator at (303) 757-9462.

Requested Information	
Number of DUI related arrests: in 20__ : _____, in 20__ : _____, in the first six months of 20__ : _____	
Of those above, how many were non-crash related DUI arrests?	What was the average BAC for the DUI arrests listed above?
Of those above, how many involved drugs other than alcohol?	Total number of traffic crashes in your city/county during above period?
Total number of alcohol/drug related fatal traffic crashes within your city/county during the above period?	Total number of alcohol/drug related injury traffic crashes within your city/county during the above period?
Total number of accidents where one or more drivers were legally impaired as a percentage of the total crashes within your city/county during the above period?	What information source was utilized to compile the above data?
What is the number of officers presently patrolling where any/all of their duties include DUI enforcement?	
Of those officers above, how many are certified in the Standardized Field Sobriety Tests (SFST)?	Will officers working as a LEAF funded FTE or LEAF overtime be SFST certified?
Further describe your present situation regarding the DUI problem within your city/county.	

PART B PROJECT PROPOSAL If you are unfamiliar with the LEAF grant application process, please refer to the LEAF APPLICATION GUIDELINES or call the State LEAF Administrator at (303) 757-9462.

Requested Information	
How many DUI checkpoints and DUI saturation patrols will your city/county conduct in 20__ __?	Does your agency have the capability to run the required LEAF Grant Manager computer reporting software program? (Windows 95/98/NT)
What will your city/county do during 20__ __ to confirm your involvement with any DUI media campaigns endorsed by LEAF and the Colorado Department of Transportation (CDOT)? Please state your agency's specific enforcement plans for the Heat Is On! campaign in 20__ __ and the DUI Checkpoint Colorado program.	
List your funding priorities. If selected, what impact will LEAF funds have on your agency's Impaired Driving Enforcement efforts?	
Further describe your proposal. Describe your agency's operational commitment to DUI/DUID enforcement for 20__ __. Furthermore, describe other proactive efforts that your department has taken to reduce the incidence of problems associated with impaired driving.	

Additional pages may be included to adequately describe PART B

PART C LEAF PERSONAL SERVICES

LEAF Salaries

Position	Base pay	Benefits	Total	No. of units (Months, weeks, days or hours)	LEAF cost
Total LEAF salaries					\$

LEAF Overtime

Position	Overtime rate	Number of hours	LEAF cost
Total LEAF overtime			\$

LEAF Contractual Services

Contractor	Services	LEAF cost
Total LEAF contractual services		\$

Total LEAF personal services	\$
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PART D LEAF OPERATING EXPENSES (cost per unit under \$5,000)			
Description	Number of units	Cost per unit	LEAF cost
Total LEAF operating expense			\$

PART E LEAF CAPITAL EQUIPMENT (cost per unit \$5,000 or more)			
Description	Number of units	Cost per unit	LEAF cost
Total LEAF capital equipment			\$

PART F LEAF TRAVEL AND SUBSISTENCE	
Purpose	LEAF cost
Total LEAF travel and subsistence	\$

