



Phone: (609) 633-9300

State of New Jersey
Department of Law & Public Safety
Division of Highway Traffic Safety
P.O. Box 048, Trenton, NJ 08625-0048
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Email: HTS.DDEF@NJ0AG.GOV

Drunk Driving Enforcement Fund (DDEF) Application

A. Law enforcement Agency and Address: B. County: C. State Fiscal Year (July 1 – June 30): SFY

D. Total DDEF Funds available: \$

Proposed DDEF Expenditures

Funding requested below MUST be fully exhausted by June 30.

E. MANDATORY Expenditures: 1. Officer overtime salaries for DWI patrols and/or checkpoints: \$ (>50% of total MUST be here)

F. Optional Expenditures: 1. Officer salaries (ONLY overtime court appearances for prosecution of 39:4-50 violations): \$ 2. Audio visual equipment (to document and preserve evidence of enforcement of 39:4-50): \$ 3. Breath testing instruments (approved by OAG pursuant to N.J.A.C. 13:51-3.1): \$ 4. Blood and/or urine test kits: \$ 5. Safety equipment (cones, flares, lighting, reflectorized vests): \$

G. *Other Expenditures (OAG formal approval process is required): 1. Any salaries or equipment not listed above *(Contact DDEF Coordinator for additional info.) \$

H. Total DDEF Funding Requested (E1+F1+F2+F3+F4+F5+G1): \$

I. DDEF fund balance after this payment (D-H): \$

J. By signing this application, the undersigned certify that information submitted here is true and accurate to the best of their knowledge, that entity will deposit all funds in a separate account dedicated to its DDEF program, that entity will expend all funds in accordance with appropriate rules and/or regulations, and that entity will comply with any special conditions attached to an award. The undersigned further certify that they understand, and will comply with, all of the requirements set forth in the DDEF Program Requirements and Application Instructions form.

K. Project Director Name: Title: Signature:

Project Director Email:

L. Financial Official Name: Title**: Signature:

**Sample titles of Financial Officials are: CFO or business administrator.

Financial Official Email:

M. Authorizing Official Name: Title***: Signature:

***Sample titles of Authorizing Officials are: mayor or city administrator. Police chiefs or sheriffs are not authorized officials.

Authorizing Official Email:

DHTS USE ONLY:

Application OT/Total: % (50% min.) DDEF budget or activity report attached: Y/N Previous reports submitted: Y/N
Funds spent in accordance with previous application(s): Y/N Approved award amount: \$ Coord. approval:
Director approval: Date: Submitted for payment date: Payment date: