

STATE OF CALIFORNIA * OFFICE OF TRAFFIC SAFETY
 OTS-136 Grant Application Cover Sheet and Budget
 (Rev. 10/14)

Cover Sheet for Traffic Safety Application Federal Fiscal Year 2016		OTS USE ONLY Application #: 9431 Coordinator: Whithney Program Area: AL													
Agency Name: <u>County of Ventura</u>		Dun and Bradstreet (DUNS) #:													
Dept: <u>Ventura County Sheriff's Office</u>		DUNS # Address:													
Application Title: <u>Ventura County Sheriff's Office DRE Training Program</u>															
<p>Application Summary: (If using a GME template, copy and paste the appropriate application title above & summary). This grant application requested by the Ventura County Sheriff's Office is to focus on drug impaired driving. The Sheriff's Office is requesting grand fundiing to cover deputy and Senior Deputy overtime costs to expand regional training to be presented at the Ventura County Criminal Justice Training Center. The training provided by these instructors will support the expansion of DRE's throughout Ventura County and neighboring counties.</p>															
Equipment: (If applicable) 0 0 0 0 0		Requested Funding by Budget Category: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Personnel:</td> <td style="text-align: right;">\$ 59,575.60</td> </tr> <tr> <td>Travel:</td> <td style="text-align: right;">\$ 11,875.00</td> </tr> <tr> <td>Contractual Services:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Equipment:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other Direct Costs:</td> <td style="text-align: right;">\$ 2,000.00</td> </tr> <tr> <td>Indirect Costs:</td> <td style="text-align: right;">\$</td> </tr> </table>		Personnel:	\$ 59,575.60	Travel:	\$ 11,875.00	Contractual Services:	\$	Equipment:	\$	Other Direct Costs:	\$ 2,000.00	Indirect Costs:	\$
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Authorized Representative First Name: <u>Donald</u> Last Name: <u>Aguilar</u> Title: <u>Captain</u> Address 1: <u>800 S. Victoria Ave.</u> Address 2: _____ Address 3: _____ City: <u>Ventura</u> State: <u>CA</u> Zip Code: <u>93009</u> Phone #: <u>(805) 797-7349</u> Ext: _____ FAX #: _____ Email: <u>don.aguilar@ventura.org</u>		I verify that I am authorized to submit this application on behalf of my Agency and/or Department. <div style="text-align: center; margin-top: 20px;"> Authorized Representative </div> <div style="text-align: center;"> Requested Funding </div> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 60%;">Federal Fiscal Year 2016</td> <td style="text-align: right;">\$ 73,450.60</td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> <div style="border: 2px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="display: flex; justify-content: space-between; align-items: center;"> JAN 30 2015 <div style="border-top: 1px solid black; width: 100px; text-align: right;"> Total \$ 73,450.60 </div> </div> </div>		Federal Fiscal Year 2016	\$ 73,450.60										
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