2025-2026 OHV OVERTIME APPLICATION FORM

Nam	e of Project: (please limit to	five words or less)	Grant Request: \$			
App	lying Entity Information:					
Appl	ying entity name:		Applying entity address:			
Appl	ying entity Federal Tax ID num	ber:	Applying entity NM Vendor Number:			
Appl	ying entity point of contact:		Point of contact phone number:			
Point of contact email:			Point of contact fax number:			
Com	Commissioned Law Enforcement Supervisor point of contact:					
Name and Rank:						
Phor	ne number & Email:					
Appl	ying 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, 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.

Please provide a description of the operation plan below:			

VERIFICATION STATEMENT:	
We, the undersigned, certify that (1) this information is accurate; (2) we agree	to comply
with all the guidelines as presented by the New Mexico Department of Game	and Fish,
and (3) we agree to comply with all existing and appropriate local, state, and guidelines.	federal
√	
Signature of Applying Entity Representative	Date
✓ Signature of Commissioned Law Enforcement Supervisor	Date