2025-2026 OHV OVERTIME APPLICATION FORM

Name of Project: (please limit to f		five words or less)	Grant Request: \$
Applying Entity Information:			
Appl	ying entity name:		Applying entity address:
Applying entity Federal Tax ID number:		ber:	Applying entity NM Vendor Number:
Applying entity point of contact:			Point of contact phone number:
Point of contact email:			Point of contact fax number:
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, 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.
- <u>FOR SAFETY TRAINING</u>: 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 federal guidelines.

 \checkmark _____

Signature of Applying Entity Representative

Date

/______ Signature of Commissioned Law Enforcement Supervisor

Date