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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-20891 (08/2024) | **STATE OF WISCONSIN**Completion of this form meets therequirements of the 2000 Wisconsin Act 9 |
| **INTOXICATED DRIVER PROGRAM**2024 SUPPLEMENTAL FUNDING REQUEST**INSTRUCTIONS:** Return completed request to your Area Administrator by the due date specified in the IDP Information Memo. |
| Name – County      | Name – Contact Person      |
| Name - Agency      | Telephone Number – Contact Person      |
| **Reporting Period – Calendar Year 2023****(January 1, 2023– December 31, 2023)** |
| **I. EXPENDITURES (Actual)** | $      |
| **II. REVENUES** |  |
|  A. OWI Surcharge Collections | $      |
|  B. Third Party Collections | $      |
|  C. Client Fee Collections | $      |
|  D. IDP Supplemental Funding | $      |
|  E. Total (Lines II.A. + II.B. + II.C. + II.D.) | $      |
|  F. Difference (Line I.A. – II.E.) | $      |
| **Reporting Period – Calendar Year 2024****(January 1,** **2024** **– December 31,** **2024)** |
| **III. EXPENDITURES (Projected)** | $      |
| **IV. REVENUES (Projected)** |  |
|  A. OWI Surcharge Collections | $      |
|  B. Third Party Collections | $      |
|  C. Client Fee Collections | $      |
|  D. Total (Lines IV.A. + IV.B. + IV.C.) | $      |
|  E. Difference (Line III. – IV.D.) | $      |
| SUMMARY |
|  **2024 SUPPLEMENTAL REQUEST (Line IV.E.)** | $      |
| **Note:** If line III. (Projected Expenditures) does not equal line IV.D. (Projected Revenues), an explanation **must** be provided in the narrative.      |