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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-20891 (08/2024) | | **STATE OF WISCONSIN**  Completion of this form meets the  requirements 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. | | | | |