

# FY24 Application for Client-Paid Ignition Interlock and Alcohol Monitoring Devices and Services

## 1. Applicant Information:

Agency Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

Date Business was established: \_\_\_\_\_ Years providing proposed services \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part-time employees \_\_\_\_\_

**Number of Service Sites in Dallas County:** \_\_\_\_\_ (Must have an operational service site in Dallas County to apply. Please list below).

Address #1: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Address #2: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Address #3: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\*Email address for clients (optional) \_\_\_\_\_

\*Phone Number for clients (optional) if different from above \_\_\_\_\_

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2. **Please indicate which service(s) you are applying to provide:**

- Ignition Interlock (IID)
- Portable Breath Alcohol
- Transdermal Alcohol

3. **Please return this application along with the below documents via email at**

[Eric.Knustrom@dallascounty.org](mailto:Eric.Knustrom@dallascounty.org).

- Roster for all employees, volunteers and contractors directly serving Dallas County clients or having access to their records.
- Agency policy regarding criminal background checks for employees, volunteers and contractors directly serving Dallas County clients or having access to their records. Please note, applicants must conduct pre-hire and annual criminal background checks per MOU standards.
- Copies of Certificates of Occupancy (COO) for all service sites in Dallas County. Please note, all providers must have at least one operational and staffed installation site in Dallas County prior to application deadline.
- Copies of Agency Certificate of Insurance (COI)
- Copies of all client-signed forms including financial agreements, policies regarding non-payment, any waivers or releases, and agency rules for clients.
- Agency policy/statement on record retention, confidentiality and security.
- Breakdown of cost of device(s) and services for referred clients.
- Literature/brochures on proposed devices
- Signed copies of MOU and applicable attachments. MOU and attachments. Please note, MOUs and attachments be executed by DCCSCD after successful completion of a pilot trial period permitting full referral listing eligibility.