

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jennifer Steiger Department/Division: Health/Admin.

Date Prepared: 12/22/10 Telephone: 520-432-9402

Grantor: ADHS Grant Title: IGA#: HG150048, County Nutrition Services

Grant Term From: 10/1/10 To: 9/30/11

Fund No/Dept. No: 225 Note: Fund No. will be assigned by the Finance Department if new.

New Grant Yes No Amendment No. _____ Increase \$ _____ Decrease \$ _____

Briefly describe purpose of grant:

To provide specialized supplemental nutrition information to school age children in Cochise County.

If amendment, provide reason:

If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service:

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year	0	187,500			187,500
Remaining Years		tbd			
Total Revenue		187,500			187,500

Is County match required? Yes No If yes, dollar amount \$ _____

Has this amount been budgeted? Yes No Identify Funding Source: ADHS

Federal Catalog of Federal Domestic Assistance (CFDA) No: _____

Method of collecting grant funds: Lump sum payment Quarterly payments Draw Reimbursement

Is reversion of unexpended funds required at end of grant period? Yes No

a) Total A-87 cost allocation \$30,664

b) Amount of overhead allowed by grant \$17,751 County subsidy (a-b) \$12,913

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount \$ _____ OR percentage allowed 20%

Number of new positions that will be funded from grant: 0 Number of existing positions funded from grant: 1+