

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: JENNIFER STEIGER Department/Division: HEALTH/NCHS  
 Date Prepared: 11/7/13 Telephone: 520-432-9402  
 Grantor: ADHS Grant Title: STD SERVICES, ADHS13-036322  
 Grant Term From: 1/1/13 To: 12/31/13  
 Fund No/Dept. No: 237 Note: Fund No. will be assigned by the Finance Department if new.  
 New Grant  Yes  No Amendment No. 1 Increase \$ \_\_\_\_\_ Decrease \$ \_\_\_\_\_

Briefly describe purpose of grant:

TO PROVIDE STD TESTING TO COCHISE COUNTY RESIDENTS.

If amendment, provide reason:

ANNUAL AMENDMENT TO PROVIDE FUNDING THROUGH 2014.

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		\$2,200.00			\$2,200.00
Remaining Years					
Total Revenue		\$2,200.00			\$2,200.00

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 \$110 (SMALL GRANT OH @ 5%)

b) Amount of overhead allowed by grant 0 County subsidy (a-b) \$110

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

If yes, dollar amount \$ \_\_\_\_\_ OR percentage allowed 5%

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