

**FORM B - SOURCE AND USE OF FUNDS**

NAME OF ORGANIZATION: **Cochise County**  
 PROJECT NAME: **Bella Vista Site Investigation**  
 REPORT PERIOD: **10/31/2014 - 12/18/2015**

COUNTRY: **USA**  
 SITE: **Sierra Vista, AZ**  
 SUBAWARD #: **AZFO-140929**

**Fill in the yellow shaded areas only.**

	LINE	Prior Period Expenses	Current Expenses	Cumulative
<b>TOTAL EXPENSES</b>	<b>1</b>	-	-	-
TNC SHARE OF EXPENSES	2	-	-	-
SUBAWARDEE SHARE OF EXPENSES (MATCH)	3	-	-	-
TOTAL TNC FUNDS RECEIVED TO DATE	4			
REQUESTED TNC FUNDS (Line 2 - Line 4)	5			-

NAME AND TITLE - PROJECT COORDINATOR

NAME AND TITLE - FINANCE DIRECTOR

SIGNATURE - PROJECT COORDINATOR

SIGNATURE - FINANCE DIRECTOR

DATE OF SIGNATURE

DATE OF SIGNATURE