

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:  Date Prepared:

Point of Contact:  Phone Number:

Department:

## PRIMARY GRANT

Primary Grantor:  CFDA:

Grant Title:

Grant Term From:  To:  Total Award Amount:

New Grant:  Yes  No Grant No.:

Amendment No.:

Funding No.:  If new, Finance will assign a funding number.

Strategic Plan:  District:  Mandated by Law?  Yes  No

Number of Positions Funded:  Asset(s) Acquired:

Briefly describe the purpose of the grant.

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

PRIMARY FUNDING SOURCE:

Funding Year:  Federal Funds 332.100   
State Funds 336.100   
County Funds 391.000   
Other Funds:   
Total Funds:

Funding Year:  Federal Funds 332.100   
State Funds 336.100   
County Funds 391.000   
Other Funds:   
Total Funds:

Funding Year:  Federal Funds 332.100   
State Funds 336.100   
County Funds 391.000   
Total Revenue:

Has this amount been budgeted?  Yes  No

Method of collecting funds:  Lump Sum  Quarterly  Draw  Reimbursement

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

(a) Total A-87 Cost Allocation:  (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

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

If yes, dollar amount or percentage allowed:

Second Grantor:

Grant Term From:  To:

Secondary Award Amount:

Grant No.:

Amendment No.:

Funding Year:  Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Funding Year:  Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Revenue:

Has this amount been budgeted?  Yes  No

Method of collecting funds:  Lump Sum  Quarterly  Draw  Reimbursement

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

(a) Total A-87 Cost Allocation:  (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

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

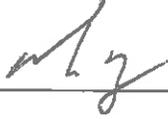
If yes, dollar amount or percentage allowed:

Is County match required?  Yes  No

County Match Source:

County match dollar amount or percentage:

Signature:



Board Approval:

\_\_\_\_\_

Date

\_\_\_\_\_

---

Print Form

Submit by Email to Finance

Please e-mail completed form to [FinanceIdevore@cochise.az.gov](mailto:FinanceIdevore@cochise.az.gov).

**NOTE: Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed grant document to the Finance Department**