

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.

The purpose of this grant is to pay the salaries and some small operating cost for two deputy positions that are currently assigned/attached to the Southern Arizona Major Investigative Team (SAMIT).

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

This investigative group assists law enforcement agencies with detecting and eradicating drug trafficking in Cochise County

PRIMARY FUNDING SOURCE:

Funding Year:	<input type="text" value="2015/2016"/>	Federal Funds 332.100	<input type="text" value="194,333"/>
		State Funds 336.100	<input type="text"/>
		County Funds 391.000	<input type="text"/>
		Other Funds:	<input type="text"/>
		Total Funds:	<input type="text" value="194,333"/>

Funding Year:	<input type="text"/>	Federal Funds 332.100	<input type="text"/>
		State Funds 336.100	<input type="text"/>
		County Funds 391.000	<input type="text"/>
		Other Funds:	<input type="text"/>
		Total Funds:	<input type="text"/>

Funding Year:	<input type="text"/>	Federal Funds 332.100	<input type="text"/>
		State Funds 336.100	<input type="text"/>
		County Funds 391.000	<input type="text"/>
		Total Revenue:	<input type="text"/>

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment 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.

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