

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: AILEEN.CONTAPAY Department/Division: ATTORNEY
 Date Prepared: MARCH 23, 2015 Telephone: (520) 432-8700
 Grantor: CITY OF TUCSON Grant Title: High Intensity Drug Trafficking Area (HIDTA)
 Grant Term From: January 1, 2015 To: December 31, 2016
 Fund No/Dept. No: FUND 134 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:

Prosecution of drug cases.

If amendment, provide reason:

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

A.R.S. §11-532(A)(1)

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year	\$148,156				\$148,156
Remaining Years					
Total Revenue	\$148,156				\$148,156

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

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

Federal Catalog of Federal Domestic Assistance (CFDA) No: 95.001

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 24.33%

b) Amount of overhead allowed by grant _____ County subsidy (a-b) \$32,490.61

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

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

Number of new positions that will be funded from grant: _____ Number of existing positions funded from grant: 2