

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: PAULA BROWN Department/Division: ATTORNEY
 Date Prepared: JUNE 10, 2015 Telephone: (520) 432-8700
 Grantor: ARIZONA CRIMINAL JUSTICE COMMISSION Grant Title: CRIME VICTIM ASSISTANCE
 Grant Term From: JULY 1, 2015 To: JUNE 30, 2016
 Fund No/Dept. No: 125 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:

To sustain and enhance the coordination, cohesiveness, productivity and effectiveness of victim advocacy and compensation, to safeguard victims' rights and to maintain privacy and dignity of persons affected by, or witness to crime.

If amendment, provide reason:

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

Title 13, Chapter 40 and Title 8, Chapter 3, Article 7, and 41-2407

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		21,044	21,044		42,088
Remaining Years					
Total Revenue		21,044	21,044		42,088

Is County match required? Yes No If yes, dollar amount \$ 21,044

Has this amount been budgeted? Yes No Identify Funding Source: Employee salary match - Eleonora Yelverton

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

Method of collecting grant funds: Lump sum payment Quarterly payments Draw Reimbursement

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

a) Total A-87 cost allocation 34.13%

b) Amount of overhead allowed by grant 0 County subsidy (a-b) 7182.00

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: 1