COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: PAULA BROWN

Department/Division: ATTORNEY

Date Prepared: AUGUST 5, 2015

Telephone: (520) 432-8700

Grantor: ATTORNEY GENERAL'S OFFICE

Grant Title: VICTIMS' RIGHTS PROGRAM GRANT

Grant Term From: JULY 1, 2015 To: JUNE 30, 2016

Fund No/Dept. No: 126

Note: Fund No. will be assigned by the Finance Department if new.

New Grant ☐ Yes ☒ No Amendment No. _____ Increase $ _____ Decrease $ 10.00

Briefly describe purpose of grant:

Victim Witness notification statutorily mandated.

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. Title 13, Chapter 40 and Title 8, Chapter 3, Article 7.

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		32190.00			32190.00
Remaining Years					
Total Revenue		32190.00			32190.00

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

Has this amount been budgeted? ☒ Yes ☐ No Identify Funding Source: FUND 126

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 _____ County subsidy (a-b) $10,342.65

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