

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Kenny Reeves

Date Prepared: June 7, 2016

Point of Contact: Kenny Reeves

Phone Number: 432-8700

Department: **County Attorney**

PRIMARY GRANT

Primary Grantor: ARIZONA CRIMINAL JUSTICE COMMISSION

CFDA:
www.CFDA.gov

Grant Title: Drug, Gang and Violent Crime Control Program Grant

Grant Term From: July 1, 2016

To: June 30, 2017

Total Award Amount: 151,772.00

New Grant: Yes No

Grant No: DC-17-021

Amendment: Yes No

Amendment No:

GL Account No: Fund 135

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 1.6

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

Prosecution of drug, gang and violent crimes

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

A.R.S. 11-532(A)(1)

PRIMARY FUNDING SOURCE

Funding Year: Federal Funds 332.100 62,226.00

State Funds 336.100 51,602.00

County Funds 391.000 37,944.00

Other Funds:

Total Funds: 151,772.00

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

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

(a) Total indirect (A-87) Cost Allocation: \$ 51,800.00

(b) Amount of overhead allowed by grant: \$ 0.00

County Subsidy (a) - (b) = \$ 51,800.00

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant:

Funder:

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.