COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: PAULA BROWN

Department/Division: ATTORNEY

Date Prepared: JUNE 14, 2016

Telephone: (520) 432-8700

Grantor: ARIZONA CRIMINAL JUSTICE COMMISSION

Grant Title: CRIME VICTIM ASSISTANCE

Grant Term From: JULY 1, 2016 To: JUNE 30, 2017

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 GF - Veronica Acuna

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 32.41%

b) Amount of overhead allowed by grant 0 County subsidy (a-b) 6820.36

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