

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Carrie Langley

Date Prepared: 08/05/16

Point of Contact: Carrie Langley

Phone Number: 432-9468

Department: **Health & Social Services**

PRIMARY GRANT

Primary Grantor: AZDHS

No CFDA

CFDA:
www.CFDA.gov

Grant Title: Tuberculosis Control

Grant Term From: 8/1/16

To: 7/31/17

Total Award Amount: 12,000.00

New Grant: Yes No

Grant No: ADHS13-049245

Amendment: Yes No

Amendment No: 1

GL Account No: 234-5000-5200

If new, Finance will assign a fund number.

Strategic Plan: **Health & Wellbeing**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 0.15

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The intent of the Tuberculosis Control funding is to conduct screening, identification, and treatment for individuals living in Cochise County who are infected with active or latent TB infection.

Funding Year: 2016

Federal Funds 332.100

State Funds 336.100 12,000.00

County Funds 391.000

Other Funds:

Total Funds: 12,000.00

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

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

(a) Total indirect (A-87) Cost Allocation: \$ 4,514.00

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

County Subsidy (a) - (b) = \$ 4,514.00

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.