

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jillian Stevens Department/Division: ATTORNEY

Date Prepared: July 25, 2019 Telephone: (520) 432-8700

Grantor: ATTORNEY GENERAL'S OFFICE Grant Title: VICTIMS' RIGHTS PROGRAM GRANT

Grant Term From: JULY 1, 2019 To: JUNE 30, 2020

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 \$ 2.00

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		22100.00			22100.00
Remaining Years					
Total Revenue		22100.00			22100.00

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 reversion of unexpended funds required at end of grant period?  Yes  No

a) Total A-87 cost allocation 0.00

b) Amount of overhead allowed by grant 0.00 County subsidy (a-b) \$0.00

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