

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: JILLIAN NUNES Department/Division: ATTORNEY
 Date Prepared: SEPTEMBER 22, 2021 Telephone: (520) 432-8700
 Grantor: ATTORNEY GENERAL'S OFFICE Grant Title: VICTIMS' RIGHTS PROGRAM GRANT
 Grant Term From: JULY 1, 2021 To: JUNE 30, 2022
 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 \$ _____

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		17,222.00			17,222.00
Remaining Years					
Total Revenue		17,222.00			17,222.00

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 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