

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: JILLIAN NUNES Department/Division: ATTORNEY

Date Prepared: SEPTEMBER 18, 2023 Telephone: (520) 432-8700

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

Grant Term From: JULY 1, 2023 To: JUNE 30, 2024

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 | | 20,600.00 | | | 20,600.00 |
| Remaining Years | | | | | |
| Total Revenue | | 20,600.00 | | | 20,600.00 |

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