

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Teresa Rockrich

Date Prepared: 08/08/2024

Point of Contact: Teresa Rockrich

Phone Number: 432-8819

Department: **Adult Probation**

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Adult Intensive Probation Supervision

Grant Term From: 07/01/2024

To: 06/30/2025

Total Award Amount: 1,040,887.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 158-1100

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 14.00

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of the allocations for the intensive probation supervision program is to achieve or maintain the average adult probation case supervision requirement.

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

A.R.S. 13-913 to 13-920, AC 6-202.01

PRIMARY FUNDING SOURCE

Funding Year: 2025

Federal Funds 332.100

State Funds 336.100 1,040,887.00

County Funds 391.000

Other Funds:

Total Funds: 1,040,887.00

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

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

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

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.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Teresa Rockrich

Date Prepared: 08/08/2024

Point of Contact: Teresa Rockrich

Phone Number: 432-8819

Department: **Adult Probation**

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: State Aid Enhancement

Grant Term From: 07/01/2024

To: 06/30/2025

Total Award Amount: 1,138,790.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 152-1100

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 14.4

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of the allocations for the standard probation supervision program is to achieve or maintain the average adult probation case supervision requirement.

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

A.R.S. 12-251, AC 6-201.01

PRIMARY FUNDING SOURCE

Funding Year: 2025 Federal Funds 332.100

State Funds 336.100 1,138,790.00

County Funds 391.000

Other Funds:

Total Funds: 1,138,790.00

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

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

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

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:

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COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Teresa Rockrich

Date Prepared: 08/21/2024

Point of Contact: Teresa Rockrich

Phone Number: 520-432-8819

Department: **Adult Probation**

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Community Punishment Program

Grant Term From: 07/01/2024

To: 06/30/2025

Total Award Amount: 34,122.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 149-1100

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: .0

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of these treatment/intervention funds are to enhance supervision programs to ensure adult probation departments address criminogenic needs and work toward recidivism reduction.

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

A.R.S. 12-299 to 12-299.05, and 41-2401, AC 6-203

PRIMARY FUNDING SOURCE

Funding Year: 2025 Federal Funds 332.100

State Funds 336.100 34,122.00

County Funds 391.000

Other Funds:

Total Funds: 34,122.00

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:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: CJEF - Substance Abuse & Sex Offender Funder: AOC

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

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