

## Project Administration Page

Grant #: **240401-01**

Subrecipient: **Cochise County Sheriff's Office**

Project Title: **SWAT Regionalization and Undercover Officer Protection**

Grant Program: **State Homeland Security Grant Program**

1. Unit of Government: **Cochise County Sheriff's Office**

Point of Contact: **Curtis Wilkins**

Subrecipient Address:

Street: **205 N. Judd Drive**

City/State/Zip: **Bisbee, AZ 85603-1045**

Head of Agency: **Sheriff Mark Dannels**

Authorized individual has delegated authority to make application on behalf of the agency.

Phone #: **(520) 432-9501**

E-mail Address: [mdannels@cochise.az.gov](mailto:mdannels@cochise.az.gov)

2. Organizational Type: **County Government**

3. Region or Entity: **South Region**

4. Initiative Title: **Strengthen CBRNE Detection, Response & Decontamination Capabilities**

5. Total Dollar Amount Requested: **\$43,734**      Total Dollar Amount Awarded: **\$24,903**

This form is to be signed and returned.

# Project Administration Page

Grant #: **240401-01**

Subrecipient: **Cochise County Sheriff's Office**

Project Title: **SWAT Regionalization and Undercover Officer Protection**

Grant Program: **FFY 2024 Homeland Security Grant Program Award**

### APPROVAL PROCESS

The signatures below verify the submission/approval process. All parties signify that all aspects of this project are allowable, reasonable and justifiable in accordance with published federal grant guidelines and the Subrecipient Agreement. The signatures indicate the subrecipient agrees to the additional grant requirements outlined in the award letter. The signatures confirm the acceptance that the funding amounts and quantities are limited to the amounts and quantities approved and awarded on the Application Summary and Budget Narrative page(s) (Equipment, Training, Exercise, Planning, Organization, M&A, if applicable) as provided in the award letter attachments.

Subrecipient Project Point of Contact: Curtis Wilkins  
Print Name Signature Date

AZDOHS Staff: Kim Brooks  
Print Name Signature Date

### Award Funded as Follows:

	Requested Totals	Awarded Totals
Equipment	\$19,865	\$19,073
Training	\$23,869	\$5,830
Exercise	\$0	\$0
Planning	\$0	\$0
Organization	\$0	\$0
M & A	\$0	\$0
Award Total	\$43,734	\$24,903

This form is to be signed and returned.