

GRANT PROFILE SHEET

Grant Name Bullet Proof Vest Grant **Project number** _____ **Responsible CRB Dept.** POLICE
 Bulletproof Vest Partnership (BVP) _____ **Contact-Name:** LaVatryce Griffin
 2016-BUBX-1608-1741 _____ **Contact-phone:** 561.845.4156
 _____ **Contact-e-mail:** lgriffin@rivierabch.com

Grant # BVP **Reference type:** CFDA # 16.607
Grant CFDA 16.607
CRB Fund# 113

Grantor Name Bureau of Justice **Type of Grant:** Federal
Office of Justice Programs **Contact** _____
Address U.S. Department of Justice **E-mail** vest@usdoj.gov
Address 950 PENNSYLVANIA AVE, NW **FAX #** _____
Address Washington, DC 20531 **Phone #** 877-758-3787

Eligible Expenditures Description	Expend dates		Extensions to: Revisions to:
	From:	To:	
1.)	8/1/2016	8/1/2017	
2.)			
3.)			

Expenditure Definition
Check cut/Invoiced/Encumbered
 (give a brief description of funds usage)
BULLETPROOF VESTS

Special Conditions: _____

Reports:

Fiscal		Programatic	
When:	As requested	When:	N/A
What:	Reimbursement	What:	N/A
Who:	Police	Who:	N/A
Where:	N/A	Where:	N/A
How:	Electronic	How:	N/A

Report Due Dates: _____

Approved by agenda item? _____
When yes: Item # / Date _____

Accounting

Fiscal Yr	Account #s	FY '17 Budget	FY '17 Actual	FY '17 Budget	FY '17 Actual
'17					
Account for cash match				-	
Account for reimbursement	113-00-331200	11,340.00		11,340.00	
Account for Interest Income	001-0817-521-0-5209	11,340.00		11,340.00	
		22,680.00	-	22,680.00	-
Account(s) for expenditures	113-0818-521-0-5209	11,340.00		11,340.00	
Account(s) for expenditures	001-0817-521-0-5209	11,340.00		11,340.00	
		22,680.00	-	22,680.00	-

Misc.

Interest able to be accrued / charged? _____
Record retention rule _____
Audit requirements _____ **Audit mailing address** _____

Has final payment been received? YES or NO Date: _____
Audited Financials or Extension request mailed YES or NO Date: _____
Approval Received or acknowledged YES or NO Date: _____