

GRANT PROFILE SHEET

Grant Name Body Worn Camera Grant

Project number _____

Responsible CRB Dept. POLICE

L - _____
S - _____

Contact-Name: Steven Thomas
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Grant # BWC **Reference type:** **CFDA #** _____
Grant CFDA # _____
CRB Fund# _____

Grantor Name Bureau of Justice **Type of Grant:** **Federal**
Address Office of Justice Programs
Address U.S. Department of Justice
Address 950 PENNSYLVANIA AVE, NW
Address Washington, DC 20531

Contact E-mail ojp.usdoj.gov
FAX # _____
Phone # 202-305-9216

Eligible Expenditures Description	Expend dates		Extensions to: Revisions to:
	From:	To:	
1.)	10/1/2016	9/30/2018	
2.)			
3.)			

Expenditure Definition
Check cut/Invoiced/Encumbered
(give a brief description of funds usage)
Body Worn Cameras

Special Conditions: _____

Reports:

Fiscal	Programatic
When:	When:
What:	What:
Who:	Who:
Where:	Where:
How:	How:

Report Due Dates: _____

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

Accounting

Fiscal Yr	Account #s	FY '17	FY '17	FY '17	FY '17
		Budget	Actual	Budget	Actual
'16	312-0817-521-0-6404	133,782.00		133,782.00	
	TBD	130,885.00		130,885.00	
				-	
		264,667.00	-	264,667.00	-
	312-0817-521-0-6404	133,782.00		133,782.00	
	TBD	130,885.00		130,885.00	
		264,667.00	-	264,667.00	-

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 acknowlec YES or NO **Date:** _____