Check the Approp	oriate Box		Modificati	on Number	: #2(Aug.)
10% Emergency Tra	ansfer Notice		Budget Modification	X	1
		BUDGET	MODIFICATION		
Agency Name:	Crime Stopp	ers of Columb	oia County, Inc.	Grant N	lumber:
Grant Funding Pe	eriod:	7/1/20	15 Through 6/30/2016	030)-15

Budget Modification Notice/Request	Current Approved Budget	%	Amount of Change	Proposed Budget	%
Rewards & Public Education	\$11,098.71	67.07%	-\$110.03	\$10,988.68	66.40%
Operating Expenses	\$5,450.10	32.93%	\$110.03	\$5,560.13	33.60%
Salary Expenses	\$0.00	0.00%	\$0.00	\$0.00	0.00%
TOTAL:	\$16,548.81	100.00%	\$0.00	\$16,548.81	100.00%

*If any percentages are highlighed in red, your Budget Modification will not be processed.

om Line Item #	Amount	To Line Item #	Amount
37	\$90.00	68	\$90.00
1	\$20.03	68	\$20.03
Total:	\$110.03	Total:	

Complete the box below if requesting a Budget Modification.	You must provide justification.
We are requesting the following transfers: \$90 from Line Item #37 tem #68 (Board & Officers Liability); \$20.03 from Line Item #1 (Re Officers Liability). Transfers requested will total \$110.03. This amour insurance company that resulted from changing the policy date cycle.	wards) to Line Item #68 (Board & ount will cover the fees charged by

Indicate in the box below what impact this modification will have on your prog

In order to remain in compliance with grant requirements, the effective date of our Board & Officers Liability insurance policy needed to coincide with our current grant cycle. After discussion with the insurance company, it was decided it would be more cost effective to our program to change the effective date of the policy rather than cancelling current policy and rewriting a new one. Keeping our current coverage would minimize potential liability exposure of our program's board members during operation of Crime Stoppers activities.

Signature of Grime Stopper Program Project Director

Signature Date

Signature OAG Research & Training Specialist

Approved by QAG Program Administrator Signature Date

Approved by Bureau Chief, Criminal Justice Programs

Signature Date

MAIL TO: Office of the Attorney General, Crime Stoppers, The Capitol, PL-01, Tallahassee, Fl. 32399-1050



Karen O'Bryan to: cindy.innocenti Cc: Edna Smith, Shayla Crumity, Adrian Dillon, Melissa Ray 08/07/2015 02:31 PM

Dear Ms. Innocenti:

Your organization's Budget Modification #1(July) has been denied for the following reason(s)

 Budget Modification was signed on August 7, 2015 and was submitted on the July Modification Request - Budget Modifications should be submitted on the request utilizing the month in which it is signed by the organization, for example this one should be on the August Modification Request

Please make any corrections noted and resubmit your request. Thank you in advance for your assistance.

Karen L. O'Bryan, Research and Training Specialist Crime Stoppers Trust Fund Office of the Attorney General Division of Victim Services and Criminal Justice Programs PL-01, The Capitol Tallahassee, Florida 32399-1050 Telephone: (850) 414-3362 Fax: (850) 413-0633 fcpti.com

Check the Approp	oriate Box	Modific	ation Number: #1(July)
10% Emergency Tra	ansfer Notice	Budget Modification	X
		BUDGET MODIFICATION	
Agency Name:	Crime Stoppe	rs of Columbia County, Inc.	Grant Number:
Grant Funding Pe	eriod:	7/1/2015 Through 6/30/2016	030-15

Budget Modification Notice/Request	Current Approved Budget	%	Amount of Change	Proposed Budget	%
Rewards & Public Education	\$11,098.71	67.07%	-\$110.03	\$10,988.68	66.40%
Operating Expenses	\$5,450.10	32.93%	\$110.03	\$5,560.13	33.60%
Salary Expenses	\$0.00	0.00%	\$0.00	\$0.00	0.00%
TOTAL:	\$16,548.81	100.00%	\$0.00	\$16,548.81	100.00%

*If any percentages are highlighed in red, your Budget Modification will not be processed.

m Line Item #	Amount	To Line Item #	Amount
37	\$90.00	68	\$90.00
1	\$20.03	68	\$20.03
			Section 2
		-	
			•
Total:	\$110.03	Total:	\$110.03

Item #68 (Board & Officers Liability); \$20.03 from Line Item # Officers Liability). Transfers requested will total \$110.03. The our insurance company that resulted from changing the policic cycle.	is amount will cover the fees charged by
Indicate in the box below what impact this modification	will have on your program.
In order to remain in compliance with grant requirements, the	manufactured After discussion with the
Liability insurance policy needed to coincide with our current insurance company, it was decided it would be more cost eff effective date of the policy rather than cancelling current policurrent coverage would minimize potential liability exposure operation of Crime Stoppers activities.	ective to our program to change the cy and rewriting a new one. Keeping our
insurance company, it was decided it would be more cost eff effective date of the policy rather than cancelling current poli- current coverage would minimize potential liability exposure	ective to our program to change the cy and rewriting a new one. Keeping our
insurance company, it was decided it would be more cost eff effective date of the policy rather than cancelling current poli- current coverage would minimize potential liability exposure	ective to our program to change the cy and rewriting a new one. Keeping our
insurance company, it was decided it would be more cost eff effective date of the policy rather than cancelling current policurrent coverage would minimize potential liability exposure operation of Crime Stoppers activities.	ective to our program to change the cy and rewriting a new one. Keeping our of our program's board members during
insurance company, it was decided it would be more cost eff effective date of the policy rather than cancelling current polic current coverage would minimize potential liability exposure operation of Crime Stoppers activities. Signature of Gime Stopper Program Project Director	ective to our program to change the cy and rewriting a new one. Keeping our of our program's board members during 8/7//5 Signature Date