

**BUDGET/PROGRAM  
MODIFICATION**

**OFFICE OF THE ATTORNEY GENERAL  
CRIME STOPPERS TRUST FUND**

<b>Check the Appropriate Box</b>		<b>Modification Number: #10(Apr.)</b>
10% Transfer Notice <input type="checkbox"/>	Budget Modification <input type="checkbox"/>	Program Modification <input checked="" type="checkbox"/>
<b>Agency Name:</b>	Emerald Coast Crime Stoppers, Inc.	<b>Grant Number:</b>
<b>Grant Funding Period:</b>	7/1/2013 Through 6/30/2014	005-13

Budget Modification Notice/Request	Current Approved Budget	%	Amount of Change (+ or -)	Proposed Budget	%
Rewards & Public Education	\$110,515.68	77.96%	\$0.00	\$110,515.68	77.96%
Operating Expenses	\$13,241.09	9.34%	\$0.00	\$13,241.09	9.34%
Salary Expenses	\$18,000.00	12.70%	\$0.00	\$18,000.00	12.70%
<b>TOTAL:</b>	<b>\$141,756.77</b>	<b>100.00%</b>	<b>\$0.00</b>	<b>\$141,756.77</b>	<b>100.00%</b>

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

**Indicate the Budget Line Item number monies will be taken from and list which Budget line Item number monies will be transferred to. (Additional Pages may be added)**

From Line Item #	Amount	To Line Item #	Amount
Total:	\$0.00	Total:	\$0.00

**Complete only for a Program Modification by indicating justification below.**

SEE ATTACHED

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CRIME STOPPERS TRUST FUND**

*Complete the box below if requesting a Budget Modification. You must provide justification.*

*Indicate in the box below what impact this modification will have on your program.*

*Paula Nicole Wag*  
\_\_\_\_\_  
Signature of Crime Stopper Project Director

*4/2/14*  
\_\_\_\_\_  
Signature Date

*Edue Smith*  
\_\_\_\_\_  
Signature General Grant Manager (OAG)

*4-2-14*  
\_\_\_\_\_  
Signature Date

*Edue Smith*  
\_\_\_\_\_  
Approved by Program Administrator (OAG)

*4-2-14*  
\_\_\_\_\_  
Signature Date

*[Signature]*  
\_\_\_\_\_  
Approved by Bureau Chief, Criminal Justice Programs

*4/3/14*  
\_\_\_\_\_  
Signature Date

Emerald Coast Crime Stoppers will be unable to achieve deliverable #14 due to the fact that an error was made on initial submitted trust fund application (typo) as well as the hindering requirements of the three bid process required for purchases over \$1,000.

We are requesting that deliverable #14 be changed to read as follows:

14. The Provider will distribute at least 1,000 items on a monthly basis to area businesses as well as at community events and schools between July 1, 2013 and June 30, 2014. Documentation Requirement:

1. Provide a detailed Invoice showing what items were purchased
2. Provide Event Form indicating distribution of items purchased or a document indicating how many and for what purpose distribution was accomplished