

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION					
1. Agency:					
2. Department:		Public Safety			
3. Program:		State Police			
4. Legal Title of Grant:		n/a			
5. Federal Catalog #:		n/a			
6. Grant/Donor Name and Address: The Commonwealth of Massachusetts Northwestern District Attorney One Gleason Plaza Northampton, MA 01060-3032					
7. Grant Period:		From: 12/29/2010	To: 6/30/2011		
8. Purpose of Grant: One of the Vermont State Troopers was involved in a multi-state investigation. As a result of this investigation, there was a forfeiture of assets. The Commonwealth of Massachusetts allocated a portion of the forfeiture to the Vermont State Police for their participation in this investigation. The Commonwealth of Massachusetts has requested that these funds be spent for the purposes of law enforcement.					
9. Impact on existing program if grant is not Accepted: The acceptance of these forfeiture funds will enhance the operating needs of the Vermont State Police.					
10. BUDGET INFORMATION					
	SFY 1	SFY 2	SFY 3	Comments	
Expenditures:	FY 2011	FY	FY		
Personal Services	\$	\$	\$		
Operating Expenses	\$8,509	\$	\$		
Grants	\$	\$	\$		
Total	\$8,509	\$	\$		
Revenues:					
State Funds:	\$	\$	\$		
Cash	\$	\$	\$		
In-Kind	\$	\$	\$		
Federal Funds:	\$	\$	\$		
(Direct Costs)	\$	\$	\$		
(Statewide Indirect)	\$	\$	\$		
(Departmental Indirect)	\$	\$	\$		
Other Funds:	\$	\$	\$		
Grant (source Special Fund TBD)	\$8,509	\$	\$		
Total	\$8,509	\$	\$		
Appropriation No:	2140010000	Amount:	\$8,509		
			\$		

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			\$
			\$
			\$
			\$
			\$
		Total	\$8509

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: _____	Date: _____
	Title: Commissioner	
	Signature: _____	Date: _____
	Title: _____	

14. ACTION BY GOVERNOR

<input type="checkbox"/>	Check One Box: Accepted	_____	_____
<input type="checkbox"/>	Rejected	(Governor's signature)	Date: _____

15. SECRETARY OF ADMINISTRATION

<input type="checkbox"/>	Check One Box: Request to JFO	_____	_____
<input type="checkbox"/>	Information to JFO	(Secretary's signature or designee)	Date: _____

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input type="checkbox"/> Grant Budget	

End Form AA-1

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