

**CJC USE ONLY**

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**SUBGRANT REQUEST FOR FUNDS**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
Criminal Justice Council  
820 N. French Street, 10<sup>th</sup> Floor  
Wilmington, DE 19801

Tax ID# \_\_\_\_\_ - \_\_\_\_\_ (Non-state agencies only)

Date of Request: \_\_\_\_\_ Request No.: \_\_\_\_\_ Subgrant No.: \_\_\_\_\_

Project Title: \_\_\_\_\_

A reimbursement of funds is requested to support expenditures for the period from \_\_\_\_\_ through \_\_\_\_\_.

	Total	=	Federal	+	State	+	Local
Anticipated Cash Expenditures	\$ _____	\$	_____	\$	_____	\$	_____
Less: Current Cash on Hand	\$ _____	\$	_____	\$	_____	\$	_____
Net cash Reimbursement requested	\$ _____	\$	_____	\$	_____	\$	_____

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Phone Number

Instructions to subgrantees: (1) To be eligible to receive funds, subgrantees are expected to have satisfied ALL special conditions to awards, and to be in compliance with general subgrant administrative requirements, including having submitted current accounting of all subgrant expenditures; (2) Only one copy of this form is to be submitted; (3) Authorized signature must be completed.

**State Agencies Only – Funding Coding**

Intergovernmental Voucher Number: \_\_\_\_\_

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\_\_\_\_\_  
BUD REF

\_\_\_\_\_  
APPROP

\_\_\_\_\_  
ACCOUNT

\_\_\_\_\_  
PROJECT

\_\_\_\_\_  
ACTIVITY

\_\_\_\_\_  
PO REF

Document No. \_\_\_\_\_

Document Date \_\_\_\_\_

This request is approved for the amount of \$ \_\_\_\_\_. By: \_\_\_\_\_