

COUNTY OF YOLO COMMUNITY CORRECTIONS PARTNERSHIP

Internal Request for CCP Funding

* Required

* This form will record your name, please fill your name.

REQUEST FOR CCP FUNDING

Instructions: Please complete each field below. Attach any necessary supplementary documentation including further project details, timelines, budget, etc. If your request will span multiple fiscal cycles, please specify in your attached budget how costs will be split across each fiscal year. Any request that funds County positions must account for known staffing cost increases (COLAs, merit steps, etc).

Please submit your completed form via email to: CCP@yolocounty.org

1. Project Title *

2. CCP Funding *

The value must be a number

3. Total Budget *

The value must be a number

4. Fiscal Year *

5. Department or Organization *

6. Staff Contact *

7. Project Summary - Please briefly describe the project and explain how it will accomplish an Outcome or implement a Strategy of the current CCP Strategic Plan. *

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