

## Crisis Intervention Program (CIP) Reallocation Survey

Please complete this survey and return it to David Locklear by **Wednesday, February 23, 2011**. Thank you.

County Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

1. Is your county willing to reallocate CIP funds for the current state fiscal year to other counties that may have a need for additional funds?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please indicate the amount you would be willing to reallocate.

\$ \_\_\_\_\_  
Amount to Reallocate

If no, please provide a brief explanation why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your county have a need for additional CIP funds for the current state fiscal year?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please indicate the amount you would like to request.

\$ \_\_\_\_\_  
Amount Requested

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_