

Crisis Intervention Program (CIP) Reallocation Survey

Please complete this survey and return it to Dean Simpson by **Thursday, April 15, 2010**. 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: _____