

## Trinity County Probation Department – FY 23/24 CCP Funding Request

Department or Agency:			
Mailing Address:			
Department Head or Agency Director:		Telephone #	
Fiscal Contact		Telephone #	

Please provide a brief summary of your request for continued funding for FY 23/24 and how this relates to the AB109 population and our primary goal of reducing recidivism (e.g. staffing, resources, programs, strategies, numbers of clients served, etc.):

Continued Funding Requested: \$

Please provide a brief summary of your One Time Funding Request for FY 23/24 and how this relates to the AB109 population and our primary goal of reducing recidivism (e.g. staffing, resources, programs, strategies, numbers of clients served, etc.):

One Time Funding Request Total: \$

Total Amount of Funding Requested for FY 23/24: \$

I certify that the information provided in this application is true and correct.



\_\_\_\_\_  
Department Head or Agency Director Signature

\_\_\_\_\_  
Date

Note: Please include all supporting documentation applicable to your request.