

**STATE OF NORTH CAROLINA**

**ADMINISTRATIVE OFFICE OF THE COURTS**

**APPLICATION AND AGREEMENT  
FOR  
SENTENCING SERVICES**

**INSTRUCTIONS:** Please type and mail to the Administrative Office of the Courts, Office of Sentencing Services, P.O. Box 2448, Raleigh, NC 27602. See instructions on reverse.

This Application for program funds, if submitted by the Corporation named hereon for the purpose of continuing or modifying the terms of the Agreement in force between the Corporation and the Agency, upon acceptance by the Agency as indicated by the signature of the Director or other authorized person shall constitute a continuation or modification of the said Agreement, and all promises and conditions of the Agreement to which the Corporation and the Agency have first mutually agreed shall, except as modified hereon, remain in full force and effect.

**Upon filing a final report of expenses, any award balance remaining shall be released to the agency for use in its discretion.**

Name And Address Of Corporation	Signature Of Authorizing Official	
	Title	
	Telephone No.	Date

Name And Address Of Implementing Division	Signature Of Treasurer	
	Title	
	Telephone No.	Date

Name And Address Of Program Administrator	Signature Of Program Administrator	
	Title	
	Telephone No.	Date

Type Of Funds Requested <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Modification	Funding Period		Federal Tax ID No.	Judicial District
	Beginning	Ending		

<b>PROGRAM GOALS</b>			
Contacted _____	Opened _____	Prepared _____	Presented _____

<b>COST INFORMATION</b>		
Total Budget \$ _____	Match Amount \$ _____	State Funds \$ _____

<b>FOR AOC/OSS USE</b>		
This request is <input type="checkbox"/> approved as submitted. <input type="checkbox"/> approved as corrected and initialed. <input type="checkbox"/> not approved.		
Date	Signature Of OSS Assistant Administrator	
Date	Signature Of OSS Administrator	
Date	Signature Of AOC Director Or Deputy Director	

## INSTRUCTIONS

**Corporation** - The legal name of the corporation or unit of local government, street address, city, state and zip code; area code and telephone number.

**Date, Signature of Authorizing Official and Title** - Date of signature. Signature must be a member of the board of directors who acts on behalf of all members of the board, usually the chair person/president, or vice chair person; for units of local government, the chief elected or appointed official who is authorized to execute contracts. Title is the legal title as it appears in the by-laws of the corporation, whether hired or elected to perform said function.

**Implementing Division** - Many corporations have more than one division. Provide the name of the division that will operate this program, i.e., the corporation's legal name may be Re-Direction, Inc. and the division of the corporation that will operate the program is the Sentencing Center. Fill in the street address, city, state and zip code; area code and telephone number of the division.

**Date, Signature of Treasurer and Title** - Date of signature. Signature must be a member of the board of directors who ENSURES THAT PROGRAM FUNDS ARE PROPERLY EXPENDED, usually the treasurer of the Board. Title is the legal title as it appears in the by-laws of the corporation, whether hired or elected to perform said function.

**Program Administrator** - The individual hired by the Board of Directors who is responsible for the administration and management of the program for the corporation. Fill in the street address, city, state and zip code and telephone number.

**Date, Signature of Program Administrator and Title** - Date of signature. Signature of the program administrator and title as designated by the corporation.

**Type of Funds** - Place (x) in the block indicating the type of funds requested. **Start-up (New)** is an application which requests funds for a program which was not in operation the preceding year. **Continuation** is an application which requests funds for a second or subsequent year of operations. **Modification** is an application which requests a change in the terms of the agreement during the current fiscal year.

**Funding Period** - The month, day and year this program began or will begin. Funding will end on June 30 of the following year. Funding of the program will not exceed twelve (12) months.

**Judicial District** - Indicate the judicial district in which the program will operate.

**Program Goals** - Enter the goals for the program during this funding period.

**Contacted** - A documented attempt to communicate eligibility for program services to a defendant or attorney. Include direct referrals from the bench or the prosecutor.

**Opened** - The number of plans begun (a case file opened).

**Prepared** is the number of sentencing plans completed and ready for court.

**Presented** is the number of sentencing plans presented to the court.

**Cost Information** - The amounts listed in this section MUST be the same as those on the budget detail page.

**Total** - Indicate the total amount of funds requested from **ALL** sources of funds.

**Applicant's Match** - Calculate the amount of matching funds. Place the amount in the space provided.

**Total State Funds** - Indicate the total amount of funds requested. **NOTE:** *This figure may change.*

**For AOC/OSS Use** - Do not write in this space - for internal use by AOC.