Cooperative Agreement

1. RECIPIENT NAME AND ADDRESS (Including Zip Code)
   DeKalb County District Attorney’s Office
   556 North McDonough Street
   Decatur, GA 30030-4711

2a. GRANTEE IRS/VENDOR NO.
    586001814

2b. GRANTEE DUNS NO.
    061420535

3. PROJECT TITLE
   DeKalb County TIPS Project

4. AWARD NUMBER: 2015-DG-BX-K002

5. PROJECT PERIOD: FROM 10/01/2015 TO 03/31/2017
   BUDGET PERIOD: FROM 10/01/2015 TO 03/31/2017

6. AWARD DATE 09/29/2015

7. ACTION Initial

8. SUPPLEMENT NUMBER 00

9. PREVIOUS AWARD AMOUNT $0

10. AMOUNT OF THIS AWARD $385,118

11. TOTAL AWARD $385,118

12. SPECIAL CONDITIONS
    THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).

13. STATUTORY AUTHORITY FOR GRANT
    This project is supported under FY15(BJA - Economic/High-Tech) Pub. L. No. 113-235, 128 Stat 2130, 2192

14. CATALOG OF DOMESTIC FEDERAL ASSISTANCE (CFDA Number)
    16.751 - Edward Byrne Memorial Competitive Grant Program

15. METHOD OF PAYMENT
    GPRS

16. TYPED NAME AND TITLE OF APPROVING OFFICIAL
    Karol Virginia Mason
    Assistant Attorney General

17. SIGNATURE OF APPROVING OFFICIAL
    [Signature]

18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL
    Robert D. James
    DeKalb County District Attorney

19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL
    [Signature]

21. PDGUGT1740

OJP FORM 4000/2 (REV. 5-87) PREVIOUS EDITIONS ARE OBSOLETE.