STATE OF ALABAMA COMPTROLLER'S OFFICE

Emergency Feeding Fund Request Packet

Entire packet (Cover letter, resolution form, and supporting documents/bank statements) must be emailed to <u>sheriffs@comptroller.alabama.gov</u>.

- Cover Letter
 - Must be signed by the County Commission and Sheriff's Office.
 - Must list the dollar amount the County is requesting.
 - Must state why an unforeseeable emergency cost overrun occurred.
 - Please note that a County Commission may not receive more than 80% of the actual cost overrun as substantiated by financial records up to a maximum of \$50,000 per year.
- Resolution Form
 - Must use approved form from Comptroller website.
 - Must have all required signatures.
 - Submit with each request.
- Required supporting documentation
 - Listing of all funds received from the State for feeding of prisoners for the current fiscal year.
 - Bank statements of the prisoner feeding fund activity for the current fiscal year.
 - Copies of all checks and invoices concerning payment activity for the current fiscal year.
 - If funds other than the prisoner feeding fund were used to feed state inmates, the financial records for that fund must be included as well.
- The financial records must be presented to the Comptroller's Office in an organized manner. If the Comptroller's Office cannot balance the financial records presented, funds may not be awarded to the requesting County.

Example of Emergency Feed Cover Letter

State Comptroller's Office Agency Services State of Alabama, Dept. of Finance 100 North Union Street, Suite 268 Montgomery, AL 36130

October 1, 2024

Dear Comptroller,

The ______ County Commission and the ______ County Sheriff kindly request \$______ from the Emergency Prisoner Feeding Fund established by Code of Alabama § 14-6-51 (1975) to address the financial emergency currently faced by the ______ County Sheriff's Department Inmate Feeding Fund. An unforeseeable emergency cost overrun covering the period of **[INSERT DATES]** has resulted in the financial emergency necessitating this request. **[INSERT EXPLANATION OF FINANCIAL EMERGENCY NECESSITATING THIS REQUEST]**. At this time, the Inmate Feeding Fund has a cost overrun of \$_____. Therefore, we are requesting 80% (\$_____) of the actual cost overrun as substantiated by financial records, not to exceed fifty thousand dollars per year.

A copy of the ______ County Commission's resolution authorizing this request is attached. Also attached are the relevant financial records demonstrating the need for assistance. Please let us know if you need any additional information to process this request.

Sincerely,

[SHERIFF SIGNATURE]

_____, ____, County Sheriff

[COMMISSION CHAIRMAN SIGNATURE]

_____, ____ County Commission Chairman

A RESOLUTION OF THE _____ COUNTY COMMISSION

BE IT RESOLVED, by the County Commission of _____ County, Alabama as follows:

WHEREAS Section 14-6-1 of the Code of Alabama (1975) vests the Sheriff with the legal charge and custody of the jail in his county;

WHEREAS Section 14-6-40 of the Code of Alabama (1975) provides that the Sheriff shall be responsible for the feeding of prisoners in the county jail under his jurisdiction;

WHEREAS Section 14-6-42 of the Code of Alabama (1975) states that the feeding of prisoners shall be from funds paid for by the state in the amount of two dollars and fifty cents (\$2.50) per day for each prisoner and from an account designated the Prisoner Feeding Fund pursuant to section 14-6-47 of the Code of Alabama (1975);

WHEREAS the Prisoner Feeding Fund pursuant to section 14-6-47 of the Code of Alabama (1975), has an emergency cost overrun and, pursuant to Section 14-6-51 of the Code of Alabama (1975), the County Commission in conjunction with the Sheriff seeks to apply for funding from the state from the Emergency Prisoner Feeding Fund; and

NOW BE IT RESOLVED, that the <u>County Commission</u> hereby authorizes the Chairman to jointly apply with the Sheriff to the state Comptroller for funding under the Emergency Prisoner Feeding Fund.

READ AND ADOPTED this ____ day of _____, 202___.

_____ County Commission:

Commissioner Chairman's Name (PRINTED)

Commissioner's Name (PRINTED)

Commissioner's Name (PRINTED)

Commissioner's Name (PRINTED)

Commissioner's Signature

Commissioner Chairman's Signature

Commissioner's Signature

Commissioner's Signature

ATTEST:

County Administrator's Name (PRINTED)

County Administrator's Signature

Revised 8/2024