

**District Attorneys Council
Federal Grants Division**

**Personnel Backfill Verification Form
Form A-14**

Subgrantee Name: _____

Grant Number: _____

To ensure compliance with federal requirements regarding supplanting and backfilling, this form must be completed and returned to the Federal Grants Division in the District Attorneys Council. If existing personnel are assuming a position paid with grant funds, list the name, title, funding source and percentage of the personnel that are being hired to backfill the vacated position. For example, if John Doe was previously paid out of appropriated funds and is moving to a grant position, list the employee name, funding source and percentage of the personnel filling the vacated appropriated position.

Current Personnel's Name	New Personnel's Name	New Personnel's Previous Funding Source (Bogus Check, Drug Asset Forfeiture, City, County or State Appropriated Funds)	Percentage of Time Paid from Appropriated Funds	<u>If funding source is Appropriated Funds, Personnel Backfilling Position</u>

Example

John Smith	John Doe	State Appropriated Funds	100%	Jane Clark
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If you need more space, please attach a separate piece of paper.

I hereby certify that based on the information provided above, the grant funds have allowed for an increase of personnel and appropriated funds were not replaced with federal funds.

Project Director

Date