GRANTS ECAF
SUMMARY WORKSHEET

I. REVENUE:

Revenue Source	Original Grant	Amendment(s)	Total	Match
System Demonstration Grant	$26,786,573	$12,732,518	$39,519,091	$0
Total	**$**26,786,573	$12,732,518	$39,519,091	$0

II. EXPENDITURES:

Item/Service	Original Grant	Amendment(s)	Total	Match
Subcontracted	$23,632,005	$ 12,490,047	$36,122,052	$0
OHCD Administration/Ops	3,154,568	242,471	3,397,039	
Total	$26,786,573	$ 12,732,518	$39,519,091	

III. FTE's: List any new FTEs that will be required. (N/A if not applicable)

Quantity	Classification	Type (Regular or Project)	Duration
N/A			

IV. SC 17 Completed: ☒ Yes

V. Revenue Information

*Was grant **revenue** included in the current year's budget? At a lower dollar amount*	☒ Yes ☐ No
If "no" check appropriate box for accompanying action request. Future appropriation request if necessary	☐ Budget Transfer ☐ Supplemental Appropriation ☐ Emergency Appropriation
Will related program be terminated at grant end date?	☐ Yes Date ☒ No
a. *If no, what is the source of ongoing funding?*	*Another State SDG Grant*
b. *If yes, what costs might the County expect to incur at termination (including possible unemployment compensation costs)?* *None expected*	

VI. PROJECTED ADDITIONAL COUNTY COST IMPACT: (N/A if in current budget)

Source/Narrative	Current Year	Next Year	Ongoing Annual
N/A	$	$	$
Total	$	$	$

Will potential increase of future County funds be required? (If "yes" complete a. and b. below.)   ☐ Yes ☒ No

   a. *Include a brief description of costs*

   b. *Describe how program will be funded after grant expires.*

*Was this **work** included in the current year's approved budget and work plan? At lower dollar amount*	☐ *Yes* ☒ *No*
If match is required, does this Grant allow use of already authorized County expenditures to achieve the match?	☐*Yes* ☐ *No* ☒ *N/A*

If responding "no" to both of above questions:
What cuts or reductions in service will be implemented to reduce or offset the increased cost to the County due to the grant?

Grant was included but at a lower level than total award including amendment C. A future supplemental appropriation request will be submitted if current appropriation is insufficient.

VII. PROJECTED COUNTY SAVINGS: (N/A if in current budget)

Source/Narrative	Current Year	Next Year	Ongoing Annual
N/A			
Total			

Describe the projected short and long term saving or cost reductions to existing sources, including county general funds, as a result of the grant program:

N/A