

**GRANTS ECAF  
SUMMARY WORKSHEET**

**I. REVENUE:**

Revenue Source	Original Grant	Amendment(s)	Total	Match
HOME	\$2,232,921		\$2,232,921	N/A
<b>Total</b>	<b>\$2,232,921</b>		<b>\$2,232,921</b>	

**II. EXPENDITURES:**

Item/Service	Original Grant	Amendment(s)	Total	Match
Admin	\$223,292		\$223,292	NA
Subcontracted	2,009,629		2,009,629	
<b>Total</b>	<b>\$2,232,921</b>		<b>\$2,232,921</b>	

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

Quantity	Classification	Type (Regular or Project)	Duration

**IV. SC 17 Completed:**  Yes

**V. Revenue Information**

Was grant **revenue** included in the current year's budget? Actual grant is \$206,551 higher than budget.  Yes  No

If "no" check appropriate box for accompanying action request. **Future budget transfer will be routed if necessary.**  Budget Transfer  Supplemental Appropriation  Emergency Appropriation

Will related program be terminated at grant end date?  Yes  No

a. If no, what is the source of ongoing funding? *Another HOME 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
	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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? Actual grant is \$206,551 higher than the budget & workplan  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?

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

Source/Narrative	Current Year	Next Year	Ongoing Annual
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: