

**GRANTS ECAF  
SUMMARY WORKSHEET**

**I. REVENUE:**

Revenue Source	Original Grant	Amendment(s)	Total	Match
State Dept. of Commerce	\$2,000,000	\$60,000	\$2,060,000	
<b>Total</b>	\$2,000,000	\$60,000	\$2,060,000	

**II. EXPENDITURES:**

Item/Service	Original Grant	Amendment(s)	Total	Match
Subcontracted	\$1,080,000	\$60,000	\$2,040,000	
Admin/Program Operation	\$20,000		\$20,000	
<b>Total</b>	\$2,000,000	\$60,000	\$2,060,000	

**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?

Yes  No

(Grant Rev. was not included but sufficient appropriation with pending budget)

If "no" check appropriate box for accompanying action request. Future transfer request if necessary

Budget Transfer  Supplemental Appropriation

Emergency Appropriation  
(Budget transfer will be prepared if necessary before year end)

Will related program be terminated at grant end date?

Yes Date

No

(Unknown at this time)

a. If no, what is the source of ongoing funding?

b. If yes, what costs might the County expect to incur at termination (including possible unemployment compensation costs)?

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

Source/Narrative	Current Year	Next Year	Ongoing Annual
N/A	\$	\$	\$
<b>Total</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?  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?

N/A

**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: