# GRANTS ECAF SUMMARY WORKSHEET

### I. REVENUE:

| Revenue Source            | <b>Original Grant</b> | Amendment(s) | Total       | Match |
|---------------------------|-----------------------|--------------|-------------|-------|
| City of Mlt Terrace SCOUT | \$ 42,330.50          | \$0          | \$42,330.50 | N/A   |
|                           |                       |              |             |       |
| Total                     | \$ 42,330.50          |              | \$42,330.50 | N/A   |

#### **II. EXPENDITURES:**

| lte   | m/Service      | <b>Original Grant</b> | Amendment(s)       | Total       |          | Match |
|---|----------------|-----------------------|--------------------|-------------|----------|-------|
| 124-50204   | 900XXXX        | \$42,330.50           | \$0                | \$42,330.50 |          | N/A   |
|   |                |                       |                    |             |          |       |
|   |                |                       |                    |             |          |       |
| Total   |                | \$42,33050            |                    | \$4         | 2,330.50 | N/A   |
| <b>III. FTE's:</b> List any new FTEs that will be required. (N/A if not applicable) |                |                       |                    |             |          |       |
| Quantity  | Classification |                       | Type (Regular or P | roject)     | Duration |       |
| N/A   |                |                       |                    |             |          |       |
|   |                |                       |                    |             |          |       |

# IV. SC 17 Completed: 🗌 Yes

### V. Revenue Information

| Was grant <b>revenue</b> included in the current year's  | 🗌 Yes 🖾 No  |
|--|---|
| budget?  |   |
| If "no" check appropriate box for accompanying<br>action request. n/a (covered within existing<br>appropriation) | ☐ Budget Transfer ☐ Supplemental Appropriation<br>☐ Emergency Appropriation |
| Will related program be terminated at grant end  | Ves Date  |
| date?  | 🖂 No  |
| a. If no, what is the source of ongoing funding?   | City of Mountlake Terrace   |
| 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<br>Annual |
|------------------|--------------|-------------|-------------------|
|                  |              | 6 <b>\$</b> | \$                |
|                  |              |             |                   |
| Total            |              | 6 \$        | \$                |

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 <b>work</b> included in the current year's approved budget and work plan?                                    | 🗌 Yes 🔲 No |               |
|---|------------|---------------|
| If match is required, does this Grant allow use<br>of already authorized County expenditures to<br>achieve the match? | □Yes □No   | $\bowtie$ 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<br>Year | Next Year | Ongoing<br>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: