

**GRANTS ECAF
SUMMARY WORKSHEET**

I. REVENUE:

| Revenue Source | Original Grant | Amendment(s) | Total | Match |
|----------------------------|--------------------|--------------|--------------------|-------|
| American Resecure Plan Act | \$1,315,269 | | \$1,315,269 | N/A |
| Total | \$1,315,269 | | \$1,315,269 | |

II. EXPENDITURES:

| Item/Service | Original Grant | Amendment(s) | Total | Match |
|----------------------|--------------------|--------------|--------------------|-------|
| Interlocal Agreement | \$1,315,269 | | \$1,315,269 | N/A |
| Total | \$1,315,269 | | \$1,315,269 | |

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

If "no" check appropriate box for accompanying action request. n/a (covered within existing appropriation) Budget Transfer Supplemental Appropriation Emergency Appropriation

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

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)? None expected

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

| Source/Narrative | Current Year | Next Year | Ongoing Annual |
|------------------|--------------|-----------|----------------|
| | \$ | \$ | \$ |
| 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? 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 |
|------------------|--------------|-----------|----------------|
| 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 |
|-----|