

## 2021 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511,543  
 Program 020 Subprogram 313, 314, 316, 321, 324, 325, 326, and 327

**Purpose of Grant** (Brief description of work to be performed) **State Federal Services Agreement**  
 This Agreement with Washington State Department of Health and Social Services, Aging and Long Term Support Administration (AL TSA), combines funds to support several ongoing services and activities into one award. Services to be provided include: Case Management services for Medicaid financed home care and Chore service, and Home Care Contract Management. Other services include Senior Information and Assistance, Ethnic Meal Transportation, Stabilized Housing, Non-Core Case Management, Adult Day Health, State Family Caregiver Support, Kinship Caregiver Support Program, Senior Drug Education, Home Delivered Meals Expansion, Senior Farmer's Market Nutrition and funds to support administration of these activities.

Existing/ongoing program  Yes      New program  Yes  
 Source of grant funding: Federal  State  Local  Other   
 Grant Term: From 7/1/2021 to 6/30/2022

Grantor: **Department of Social and Health Services, State of WA**      Grant Award **\$10,523,225**

Is match required:  Yes     No      If yes, match amount required: \$364,230

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

|                    |                    |                         |
|--------------------|--------------------|-------------------------|
| County General     | DAC 124-3045439700 | Amount \$ 70,246        |
| GF Program Support | DAC 124-3045439703 | Amount <u>\$125,752</u> |

**SUBTOTAL COUNTY FUNDED MATCH** **\$195,998**

State grant revenues used as Match *\*\*included in Grant Award\*\**    Amount \$168,232

**MATCH TOTAL** **\$364,230**

**Total Resources    \$10,719,223**

### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$9,213,018

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

|       | # FTEs | Classification |
|-------|--------|----------------|
| Total | FTEs   | _____          |

**2. Pass Thru** (Estimated cost) **\$1,506,205**

**Total Expenditures    \$10,719,223**