

**GRANTS ECAF
SUMMARY WORKSHEET**

I. REVENUE:

Revenue Source	Original Grant	Amendment(s)	Total	Match **
Federal and State Title XIX revenue				
State DSHS revenue				
Total	\$6,762,682.00	\$10,069,734	\$16,832,416	\$389,230

II. EXPENDITURES:

Item/Service	Original Grant	Amendment(s)	Total	Match **
Area Agency Administration				
Core Services Contract Management				
In-Home Services				
Access Services				
Nutrition Services				
Social and Health Services				
Other Activities				
Total	\$6,762,682.00	\$10,069,734	\$16,832,416	\$389,230

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

Quantity	Classification	Type (Regular or Project)	Duration
2.0	Case Manager	Regular	Permanent
2.0	Case Manager Lead	Regular	Permanent
1.0	Case Management Aid	Regular	Permanent

New positions included in the 2024 county budget request, to ensure ability to meet contractual caseload requirement not to exceed 1.0 clinical staff per 75 clients.

** Note: Title XIX AAA Requested funding requires a 1:1 match. \$193,232 of the match requirement will be met with state funds awarded in this contract, and \$195,998 will be met with County General funds appropriated in 2023, and requested in 2024 (ref DACs 124-3045439700 and 124-3045439703).

IV. SC 17 Completed: Yes

V. Revenue Information

Was grant **revenue** included in the current year's budget? Amendment exceeds GWP & Budget Yes No

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

Will related program be terminated at grant end date? Yes Date No, Annual Renewal anticipated

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? At a lesser amount 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:

