

**GRANTS ECAF
SUMMARY WORKSHEET**

I. REVENUE:

Revenue Source	Original Grant	Amendment(s)	Total	Match **
Federal and State Title XIX revenue	\$9,755,558		\$9,755,558	\$364,230
State DSHS revenue	1,883,900		1,883,900	
Total	\$11,639,458		\$11,439,458	\$364,230

II. EXPENDITURES:

Item/Service	Original Grant	Amendment(s)	Total	Match **
Area Agency Administration	\$238,911		\$238,911	
Core Services Contract Management	621,236		621,236	
In-Home Services	159,776		159,776	
Access Services	9,531,576		9,531,576	
Nutrition Services	97,142		97,142	
Social and Health Services	981,817		981,817	
Other Activities	9,000		9,000	
Total	\$11,639,458		\$11,639,458	\$364,230

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			

** Note: Title XIX AAA Requested funding requires a 1:1 match

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 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 Yes No

required? (If "yes" complete a. and b. below.)

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?

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: