

Got it.
GRANTS ECAF
SUMMARY WORKSHEET

I. REVENUE:

Revenue Source	Original Grant	Amendment(s)	Total	Match
North Sound BH-ASO, Federal and State Funds	\$2,315,943.48	\$7,539,685.44	\$9,855,628.92	N/A
Total	\$2,315,943.48	\$7,539,685.44	\$9,855,628.92	

II. EXPENDITURES:

Item/Service	Original Grant	Amendment(s)	Total	Match
Dedicated Marijuana Account	\$142,459.00	\$427,377.00	\$569,836.00	N/A
Jail Services Program	\$100,508.48	\$301,525.44	\$402,033.92	N/A
Substance Abuse Block Grant	\$60,000.00	\$232,500.00	\$292,500.00	N/A
Crisis Services	\$2,012,976.00	\$6,038,928.00	\$8,051,904.00	N/A
Trueblood	\$0.00	\$539,355.00	\$539,355.00	N/A
Total	\$2,315,943.48	\$7,539,685.44	\$9,855,628.92	

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

All sources except for Trueblood. There is sufficient budget authority in fund 124 to support the addition of Trueblood activities.

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 Date

No A renewal contract is anticipated effective 1/1/2022

a. If no, what is the source of ongoing funding? We anticipate funding to continue to be included in future funding budgets; the Trueblood program was added after the Grant Work Plan was completed.

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?

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:

Funding for the Trueblood program was determined after the Completion of the Grant Work Plan; it is anticipated that this funding will be included in future Grant Work Plan(s), and will be funded on an ongoing basis as like our other programs funded under the ICCN agreement.

