

**GRANTS ECAF  
SUMMARY WORKSHEET**

**I. REVENUE:**

Revenue Source	Original Grant	Amendment(s)	Total	Match
Medicaid Fee for Service	\$1,652,333.00		\$1,652,333.00	N/A
<b>Total</b>	<b>\$1,652,333.00</b>		<b>\$1,652,333.00</b>	

**II. EXPENDITURES:**

Item/Service	Original Grant	Amendment(s)	Total	Match
Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) Services	\$1,652,333.00		\$1,652,333.00	
<b>Total</b>	<b>\$1,652,333.00</b>		<b>\$1,652,333.00</b>	

**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 Date 12/31/2022. WA State DSHS is requesting federal approval to continue the service. If approved, Snohomish County will received future funding.  No

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
	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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.

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Was this **work** included in the current year's approved budget and work plan?  Yes  No

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If match is required, does this Grant allow use of already authorized County expenditures to achieve the match?  Yes  No  N/A

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**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: