GRANTS ECAF SUMMARY WORKSHEET

I. REVENUE:

Revenue Source	Original Grant	Amendment(s)	Total	Match	
State DSHS	\$2,025,000		\$2,025,000		
Total	\$2,025,000		\$2,025,000		

II. EXPENDITURES:

ľ	tem/Service	Original Grant	Amendment(s)	Total	Match
Subcontr	acted	\$1,856,650		\$1,856,650	
Admin/P	ogram Operation	\$168,350		\$168,350	
Total		\$2,025,000		\$2,025,000	
III. FTE's: List any new FTEs that will be required. (N/A if not applicable)					
Quantity	Classification		Type (Regular or P	roject) Duration	
N/A					

IV. SC 17 Completed: 🛛 Yes

V. Revenue Information	
Was grant revenue included in the current year's	🗌 Yes 🖾 No
budget?	(Grant Rev. was not included but sufficient
0	appropriation with pending budget)
If "no" check appropriate box for	Budget Transfer D Supplemental
accompanying action request. Future transfer	Appropriation
request if necessary	Emergency Appropriation
	(Budget transfer will be prepared if necessary
	before year end)
Will related program be terminated at grant end	Yes Date
date?	🗌 No
	(Unknown at this time)
a. If no, what is the source of ongoing	
funding?	
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b. If yes, what costs might the County expect to incur at termination (including possible unemployment compensation costs)?

VI. PROJECTED ADDITIONAL COUNTY COST IMPACT: (N/A if in current budget)

Source/Narrative	Current Year	Next Year	Ongoing Annual
N/A	\$	\$	\$
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			
<i>If responding "no" to both of above questions:</i> What cuts or reductions in service will be implemented to reduce or offset the increased cost to the County due to the grant?				

N/A

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: