GRANTS ECAF SUMMARY WORKSHEET

I. REVENUE: For the contract period 7/1	1/22-6/30/23
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Revenue Source	Original Grant	Amendment(s)	Total	Match
DHHS	\$9,517,600	\$11,054,365	\$20,571,965	N/A
Total	\$9,517,600	\$11,054,365	\$20,571,965	N/A

II. EXPENDITURES: For the contract period 7/1/22-6/30/23

Item/Service	Original Grant	Amendment(s)	Total	Match
Admin/Program 811	\$792,685	\$719,107	\$1,511,792	N/A
Pass-Thru	\$8,724,915	\$10,335,258	\$19,060,173	N/A
Total	\$9,517,600	\$11,054,365	\$20,571,965	N/A

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

Quantity	Classification	Type (Regular or Project)	Duration

	IV.	SC	17	Com	pleted:	\boxtimes	Yes
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V. Revenue Information Was grant revenue included in the current year's budget?	☐ Yes ⊠ No
If "no" check appropriate box for	☐ Budget Transfer ☒ Supplemental
accompanying action request. n/a (covered within existing appropriation)	Appropriation to be done later if needed ☐ Emergency Appropriation
Will related program be terminated at grant end	☐ Yes Date
date?	⊠ 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
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 🗵] <i>N/A</i>	
If responding "no" to both of above questions: What cuts or reductions in service will be implemented County due to the grant?	d to reduce or offset	the increased c	cost to the
n/a			
II. PROJECTED COUNTY SAVINGS: (N/A if in current	t budget)		
I. PROJECTED COUNTY SAVINGS: (N/A if in current Source/Narrative	t budget) Current Year	Next Year	Ongoing Annual
	Current	Next Year	
	Current	Next Year	•
Total Describe the projected short and long term saving or county general funds, as a result of the grant program.	Current Year		Annual
Source/Narrative	Current Year		Annual
Total Describe the projected short and long term saving or county general funds, as a result of the grant program.	Current Year		Annual
Total Describe the projected short and long term saving or county general funds, as a result of the grant program.	Current Year		Annual