



8. TERM OF CONTRACT/REPORT/GRANT \_\_\_\_\_

9. TOTAL AMOUNT OF CONTRACT/REPORT/GRANT: \_\_\_\_\_

If contract, are any of the costs covered by a grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of grant: \_\_\_\_\_

Total amount covered by grant? \_\_\_\_\_

Is this State, Federal or other funding and what is percentage of each? (list below)

General Fund \_\_\_\_\_ State \_\_\_\_\_ Federal \_\_\_\_\_ Other \_\_\_\_\_

If no cost to county, why? \_\_\_\_\_

If a renewal contract, amount of increase/decrease over last contract: \_\_\_\_\_

If this is a multiyear, contract what is the annual increase? \_\_\_\_\_

10. IF OVER \$4,000.00, HAVE REQUEST FOR QUOTES BEEN COMPLETED? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes please attach copies of all information.

IF OVER \$10,000.00, HAVE REQUEST FOR BIDS BEEN COMPLETED? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes please attach copies of all bid information.

11. Is the company on State Contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Contractor/Service provider checked to determine for suspension or debarment by the County, Commonwealth, any other State or Federal Government. Is the Contractor/Service provider suspended or debarred? \_\_\_\_\_ Yes \_\_\_\_\_ No The following web sites are to be utilized for this determination <http://www.oig.hhs.gov/exclusions/index.asp> for healthcare providers and <https://www.epls.gov/> for general providers)

If checked yes, please explain \_\_\_\_\_

Department Head/Manager Approval Signature: Stacy Rowe

**\*\*Attach this cover sheet to each document (needing Board signatures) and forward to Chris Daywalt in the Commissioners' Office no later than 4:30 PM, Thursday. All contracts/documents will be signed and executed during board action time at a regularly scheduled meeting.**

**2013 SUPPLEMENTAL APPROPRIATION**

Human Services Block Grant  
DEPARTMENT/OFFICE

Date: 12/5/2013

Description: Supplemental Appropriation to record the first FY 2013-2014 re-allocation of Human Services Block Grant funding

ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT OF INCREASE	AMOUNT OF DECREASE
<b>CHANGE IN EXPENDITURES:</b>			
D&A Inpatient Detox Drug - Purchased Client	07434811	51000	18,000.00
D&A Inpatient Rehab Drug - Purchased Client	07434821	51000	20,000.00
D&A Detox Alcohol - Purchased Client	07434841	51000	8,000.00
D&A Inpatient Alcohol - Purchased Client	07434851	51000	6,733.00
HAP Case Management - Contracted Service	35474200	58000	23,000.00
HSDf - Contracted Service	35482350	58000	30,000.00
MH ICM Adult - Purchased Client	11451220	51000	64,618.00
ID Job Support - Purchased Client	34472510	516197	41,115.00
		105,733.00	105,733.00

<b>CHANGE IN REVENUES:</b>			
D&A - BHSI (Behavioral Health Services Initiative)	07430000	064130	52,733.00
Homeless Assistance Program	35470000	064610	23,000.00
HSDf - Base Funds	35480000	061000	30,000.00
Mental Health - Base Funds	11450000	061000	64,618.00
Intellectual Disabilities - State Waiver Admin	34470000	064511	41,115.00
		105,733.00	105,733.00

NET CHANGE TO BUDGET 0.00 0.00

Positive (Negative) cash flow 0.00

**Explanation:**

To record the shift in HSBG funding which includes an increase to HAP for rental assistance, an increase to D&A for additional treatment services, and an increase to HSDf for D&A prevention programs and flexible Franklin County transportation services. This also reflects the corresponding reduction to MH and ID.

Prepared By:  
Stacy Rowe, Human Service Fiscal Manager

Posted By:

Approved By: *[Signature]* 12/19/13