

2013 SUPPLEMENTAL APPROPRIATION

Human Services Block Grant
DEPARTMENT/OFFICE

Date: 4/22/2013

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

<u>ACCOUNT NAME</u>	<u>ACCOUNT NUMBER</u>	<u>AMOUNT OF INCREASE</u>	<u>AMOUNT OF DECREASE</u>
CHANGE IN EXPENDITURES:			
HAP Case Management - General Contracted Services	35474200 58000	6,185.00	
D&A Outpatient Drug - Purchased Client	07434611 51000	7,000.00	
D&A Intensive Outpatient Drug - Purchased Client	07434621 51000	11,000.00	
D&A Outpatient Alcohol - Purchased Client	07434641 51000	7,800.00	
D&A Inpatient Detox Drug - Purchased Client	07434811 51000	15,000.00	
D&A Inpatient Rehab Drug - Purchased Client	07434821 51000	30,000.00	
Children & Youth - Purchased Client	05421141 51000		11,850.00
ID Admin/Admin Waiver - Operating Expenses	34471010 63100		50,735.00
		76,985.00	62,585.00

CHANGE IN REVENUES:			
HAP Revenue - HAP Allocation	35470000 064610	6,185.00	
D&A Revenue - BHSI	07430000 064130	70,800.00	
C&Y - Family Development Credentialing	05420000 064260		11,850.00
ID - Base Funding	34470000 061000		6,185.00
ID - Waiver Admin.	34470000 054511		44,550.00
		76,985.00	62,585.00

NET CHANGE TO BUDGET 0.00 0.00

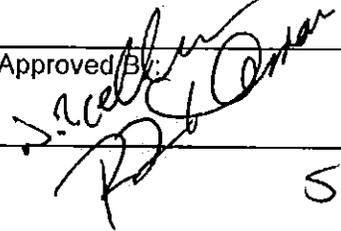
Positive (Negative) cash flow 0.00

Explanation:

Shift of HSBG funding - Increase HAP for rental assistance, increase D&A for additional treatment and prevention programs.

Prepared By:
Stacy Rowe, Human Service Fiscal Manager

Posted By:

Approved By: 

5/2/13

CONTRACT/DOCUMENT COVER SHEET
(Any document requiring Board of Commissioners' signatures)

FROM: Stacy Rowe

DEPARTMENT: Fiscal

TELEPHONE: Ext. 24338

DATE: April 23, 2013

Select one: Contract/Agreement (answer questions 1-12) Report (answer questions 1, 2, 9, 10)
 Addendum/Amendment (answer questions 1-12) Grant (answer questions 1 - 3, 6, 9 - 10)
 Budget Transfer (answer questions 1 - 3, 10) Bid (answer questions 1 - 12)

Select one: A Renewal of an Existing Contract New Contract/Agreement

1. PROVIDER/STATE/FEDERAL AGENCY: Commonwealth of PA - Human Services Block Grant

2. TYPE OF SERVICE (YOU MUST PROVIDE A DETAILED EXPLANATION OF DOCUMENT TO INCLUDE FUNCTIONS/ACTIVITIES PERFORMED BY CONTRACTOR): _____

Supplemental Appropriation to reflect the shift in funding within the Human Services Block Grant.

3. WHY IS THIS SERVICE NEEDED? To appropriate funds to the Homeless Assistant Program (HAP) for rental assistance, and to Drug and Alcohol for specialized prevention program and for treatment services, and to record the corresponding expenditures. Also, to reflect the reduction in funding for Children and Youth and Intellectual Disabilities, with the corresponding reduction in expenditures.

4. ARE THERE EFFICIENCIES GAINED FROM THIS CONTRACT/BID? _____ Yes _____ No

Explain: _____

5. WHO BENEFITS FROM THIS CONTRACT/GRANT? _____

6. IS THIS A MANDATED SERVICE? _____ Yes _____ No

7. IS THE VENDOR A SOLE SOURCE VENDOR? Yes No If yes, please attach documentation.

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.**