

Kittitas County Review Form Grants & Contract Agreement



| | |
|------------------------------------|-------------|
| Today's Date May 11, 2015 | Agenda Date |
| Fund/Department Substance Abuse | |

Contract/Grant Information

| | |
|--|---------------------------------|
| Contract /Grant Agency Alcohol Drug Dependency Services | |
| Period Begin Date July 1, 2013 | Period End Date June 30, 2015 |
| Total Grant/Contract Amount \$664,367 | |
| Grant/Contract Number ADDS 13-15-11 | |
| Contract/Grant Summary <p>The Total Maximum Contract Amount is being increased by \$5,000, from \$659,357 to \$674,357. This increase is reflected on the attached Awards and Revenues Exhibit B.</p> <p>This is an amendment to: revise incorrect Section references contained in the July 2014 amendment; update the list of Prevention/Treatment County/Contractors; delete section 9, Treatment, Multiple Payments for the same Claim/Duplication; Add Section 11, The Contractor's DUNS Number is 010202547</p> | |

Financial Information

| | | |
|---|--|-------------------------|
| Total Amount \$664,367 | State Funds \$555,137 | Federal Funds \$109,230 |
| Percentage County Funds 0 | Matching Funds \$ *see note | CFDA# 93.959 |
| | In-Kind \$ N/A <small>Explain</small> | |
| Is Equipment being purchased? No | Who owns equipment? N/A | |
| New Personnel being hired? No | Contact HR hiring – reporting requirements N/A | |
| Future impacts or liability to Kittitas County: None | | |

Budget Information

| | | |
|--------------------------|---|--|
| Budget Amendment Needed? | Yes <input type="checkbox"/> attach budget form | No <input checked="" type="checkbox"/> Why not |
| New Division Created? No | Non county entity | |
| Revenue Code | | |
| | | |

Pass Through Information

| | |
|------------------------|-----|
| Agency to Pass Through | N/A |
|------------------------|-----|

| | |
|------------------------|-------|
| Amount to Pass Through | \$ |
| Sub-Contract Approved | Date: |

Prosecutor Review

| | |
|---|--|
| Has the Prosecutor reviewed this agreement? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> in process |
|---|--|

County Departments Impacted

| | | | |
|---|----------------------|---|------------------------|
| X | Auditor | | Facilities Maintenance |
| | Information Services | | Human Resource |
| X | Prosecutor | X | Treasurer |

Submitted

| | |
|-----------------------------|--------------------|
| Signature: | Date: May 11, 2014 |
| Department: Substance Abuse | |

Assignment of Tracking Information

| | |
|----------------------------------|--|
| Auditor's Office | |
| Human Resource | |
| Prosecutor's Office | |
| Who Signed the grant application | |

| | |
|----------|------|
| Reviewer | Date |
|----------|------|

***NOTE:** 10% match is required for funds used for non-drug court clients. 100% match is required on any funds used in conjunction with drug court. A set dollar amount can not be determined ahead of time.