

Sedgwick County Budget Form

MANUANT	Sedgwick County Grants and Oth	er Funding, New Fund Cente	ers/Cost Center/Internal Or	ders
Section 1: New Gra	nt/Grant Renewal or Internal Orde	er Setup Information		
Legistar # 15-0448	BoCC Approval Date 7/15/2015	Manager Approval Date	Title of Grant/Program Title III B	
Grant Renewal: Previous IC 340575-15	O# Grant Period Fr 10/1/2015	om mm/dd/yyyy to 9/30/2016	Federal Grant	State
Section 2: SAP (EC	C) Set up information		Federal/Pass-Thru State ✓	Other
Funds Center # 34057-254	Department/Division Aging/Human Services	Shopper(s) Dawn Shive	Approver(s) Brad Ashens	PPS Workflow Structure
Internal Order/Cost Cer 340575-16	ster # Sub- Department In Home Services			
Functional Area # 403	Program Grouping			
	Information for Accounting For In		internal order	
Communication charles	must be by the specific number and description		internal order	
REVENUE: Commitment Ite 33560 - FEDERAL REVENU		Internal Order Amount 468,022	Special Not	es for Accounting
39102 - TRANSFER IN-GRA		42,567		
Total		510,589		
EXPENDITURE: Commitm	ent Item Number and Description	Internal Order Amount	Special Not	es for Accounting
41101 - SALARIES AND WA	AGES	110,969	•	Ü
42371 - AGING PROFESION	NAL SERVICE	399,620		

Total 510,589

Section 4: Financial Information <i>Budget impact entry is to outline the</i>				
Buaget impact entry is to outline the	amount of change to the County Fisc	ui Buugei Funa Center to ve workj	nowea to Buaget by Department	
REVENUE: Commitment Item Number	and Description	Current Year Adjustment	Next Year Adjustment	Special Notes for Budget
Total		-	-	
EXPENDITURE: Commitment Item Nu	umber and Description	Current Year Adjustment	Next Year Adjustment	Special Notes for Budget
41000 Personnel	•	, and the second	, and the second	·
42000 Contractuals				
44000 Debt Service 45000 Commodities				
46000 Capital Improvements				
47000 Capital Equipment 48000 Transfers Out				
Total		-	-	
Department is responsible for submi	uring positions are 100% funded whe ssion of accompanying Personnel Act	ion Forms (PAFs) to ensure the po	sition is correctly, and 100% fund	led through multiple sources.
Docition Number	Name			
Position Number 20000347	Name Clemons, Sheila	FTE % Funding 0.50	Effective Dates 10/1/2015	Other Fund Center(s) If Not 100% 340515-15/34051-254 - 50%
	Name Clemons, Sheila Easley, Celia			
20000347	Clemons, Sheila	0.50	10/1/2015	
20000347	Clemons, Sheila	0.50	10/1/2015	
20000347	Clemons, Sheila	0.50	10/1/2015	
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20000347	Clemons, Sheila	0.50	10/1/2015	
20000347	Clemons, Sheila	0.50	10/1/2015	

Continued: Positions Position Number FTE % Funding **Effective Dates** Other Fund Center(s) If Not 100%