	Sedgwick	County Budg	et Form	
Sedgy Section 1: New Grant/Grant	vick County Grants and Othe	r Funding, New Fund Center		Orders
Legistar # 15-0448	BoCC Approval Date 7/15/2015	Manager Approval Date	Title of Grant/Program IIIC2-Home Delivered Meals	
Grant Renewal: Previous IO# 340195-15	Grant Period Fro 10/1/2015	m mm/dd/yyyy o 9/30/2016	<b>Type of Funding (che</b> Federal Grant	cck appropriate box by clicking)
Section 2: SAP (ECC) Set up	o information		Federal/Pass-Thru State	✓ Other
Funds Center # 34019-254	Department/Division Aging/Human Services	Shopper(s) Dawn Shive	Approver(s) Brad Ashens	PPS Workflow Structure
Internal Order/Cost Center # 340195-16	Sub- Department In Home Services			
Functional Area # 403	Program Grouping Home Delivered Meals			
Section 3: Financial Informa Commitment Item entries must be by t	tion for Accounting For Inte		nternal order	
<b>REVENUE:</b> Commitment Item Number and	* *	Internal Order Amount		iotes for Accounting
33513 - FED FUNDS III C2-HOME 33350 - STATE REVENUE-AGING 33519 - FED FUNDS NSIP		372,378 785,327 161,103		
Total		1,318,808		
EXPENDITURE: Commitment Item Nun 42908 - Grant Award	ber and Description	Internal Order Amount 1,318,808	Special N	lotes for Accounting
Total		1,318,808		

Section 4: Financial Information for Budget (Revenues Must Use Exact Commitment Item Number, Expenditures Use Superior) Budget impact entry is to outline the amount of change to the County Fiscal Budget Fund Center to be Workflowed to Budget by Department							
REVENUE: Commitment Item Number a	nd Description	Current Year Adjustment	Next Year Adjustment	Special Notes for Budget			
Total EXPENDITURE: Commitment Item Nur	nber and Description	- Current Year Adjustment	- Next Year Adjustment	Special Notes for Budget			
41000 Personnel 42000 Contractuals 44000 Debt Service 45000 Commodities 46000 Capital Improvements 47000 Capital Equipment							
48000 Transfers Out Total Section 5: Position Managen Departments are responsible for ensu		-		the split for a position, the			
Department is responsible for submis							

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