



**RENEWAL #:**

**1**

**DCF Program** may request a **Renewal** if they would like to **renew a grant for an additional grant year**. This form must be submitted to your DCF OGC Grant & Contract Specialist for submission through concurrence.

Between **Kansas Department for Children and Families &**

<b>Grantee Agency:</b>	Alphapointe		
<b>Street Address*</b>	7501 Prospect Avenue	<b>Grant Number</b>	RS-2022-OIB-01
<b>City, State, Zip*</b>	Kansas City, MO 64132-2103	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	tjadwin@alphapointe.org	7/1/2022	6/30/2023
<b>Phone Number</b>	816-237-2047	<b>Fiscal Year</b>	SFY 2023
<b>Fax Number</b>	816-237-2019	<b>CFDA # (if applicable)</b>	84.177B

**\*\*A copy of any previously approved Renewal(s) and/or Amendment(s), as well as a NEW FFATA form, NEW Debarment Memorandum and NEW Tax Clearance Certificate must be included with this request\*\***

Line Item	New Budget
Personnel	58,792.18
Fringe Benefits	23,516.87
Travel	7,605.76
Equipment	720.00
Supplies	3,500.00
Contractual	0.00
Building	5,297.19
Training	2,500.00
Other (Dir Consumers Svcs)	25,730.00
Other (Communications)	988.00
Other (specify)	0.00
Indirect Costs**	0.00
<b>Total Grant Budget:</b>	<b>\$128,650.00</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26516	3388	5313	555900	83,714.88
26517	1000	5010	555900	44,935.12
<b>Total</b>				<b>\$128,650.00</b>

**Additional Information:**

\*physical address required, including 9-digit zip code

\*\*Indirect Costs may not exceed 10% of the Grant Budget.

**This grant shall remain in effect, subject to the terms and conditions stated in the original Notification of Grant**

**RENEWAL #:****2**

*DCF Program may request a Renewal if they would like to renew a grant for an additional grant year. This form must be submitted to your DCF OGC Grant & Contract Specialist for submission through concurrence.*

**Between Kansas Department for Children and Families &**

<b>Grantee Agency:</b>	Alphapointe		
<b>Street Address*</b>	7501 Prospect Avenue	<b>Grant Number</b>	RS-2022-OIB-01
<b>City, State, Zip*</b>	Kansas City, MO 64132-2103	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	tjadwin@alphapointe.org	7/1/2023	6/30/2024
<b>Phone Number</b>	816-237-2047	<b>Fiscal Year</b>	2024
<b>Fax Number</b>	816-237-2019	<b>CFDA # (if applicable)</b>	84.177B

**\*\*A copy of any previously approved Renewal(s) and/or Amendment(s), as well as a NEW FFATA form, NEW Debarment Memorandum and NEW Tax Clearance Certificate must be included with this request\*\***

Line Item	New Budget
Personnel	74,110.26
Fringe Benefits	29,644.10
Travel	10,247.64
Equipment	735.00
Supplies	3,500.00
Contractual	
Building	6,925.00
Training	2,500.00
Other (Low Vision Device Assta	25,730.00
Other (Cell phone & monthly tel	988.00
Other (specify)	
Indirect Costs**	
Total Grant Budget:	\$154,380.00

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26516	3388	5313	555900	\$83,714.88
26517	1000	5010	555900	\$70,665.12
Total				\$154,380.00

**Additional Information:**

\*physical address required, including 9-digit zip code

\*\*Indirect Costs may not exceed 10% of the Grant Budget.

***This grant shall remain in effect, subject to the terms and conditions stated in the original Notification of Grant***