

**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 &**

Grantee Agency:	Cornerstones of Care		
Street Address*	8150 Wornall Rd	Grant Number	PPS-2019-CPA-COC-19
City, State, Zip*	Kansas City, MO 64114	Grant Year (from/to)	
E-Mail	ri.anderson@cornerstonesofcare.o	7/1/2023	6/30/2025
Phone Number	816-601-1399	Fiscal Year	2024-2025
Fax Number		CFDA # (if applicable)	93.658

****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	408,523.95
Fringe Benefits	89,876.70
Travel	33,934.50
Equipment	0.00
Supplies	3,000.00
Contractual	3,800.00
Building	19,042.08
Training	0.00
Other (Direct Operating Expenses)	71,400.00
Other (Foster Parent Pymts)	537,939.92
Other (Other)	0.00
Indirect Costs**	116,738.88
Total Grant Budget:	\$1,284,256.04

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
Total				\$0.00

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