



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*	300 E. 36th St.	Grant Number	PPS-2019-FFMH-1
City, State, Zip*	Kansas City, MO 64111	Grant Year (from/to)	
E-Mail	info@cornerstonesofcare.org	7/1/2020	6/30/2021
Phone Number	816-508-1700	Fiscal Year	SFY21
Fax Number	816-508-1757	CFDA # (if applicable)	93.472

****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	518,269.45
Fringe Benefits	128,289.50
Travel	30,853.77
Equipment	0.00
Supplies	14,835.00
Contractual	8,545.00
Building	51,118.00
Training	36,773.37
Other (specify)	6,785.00
Other (specify)	0.00
Other (specify)	0.00
Indirect Costs**	79,546.91
Total Grant Budget:	\$875,016.00

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
27344			555110	437,508.00
27344			555210	437,508.00
Total				\$875,016.00

Additional Information:

Please see attachment "2. Cornerstones (FFMH-1) Grant Renewal Changes - Attachment A" for renewal changes in SFY21

*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 &**

Grantee Agency:	Cornerstones of Care		
Street Address*	300 E. 36th St.	Grant Number	PPS-2019-FFMH-1
City, State, Zip*	Kansas City, MO 64111	Grant Year (from/to)	
E-Mail	info@cornerstonesofcare.org	7/1/2021	6/30/2022
Phone Number	816-508-1700	Fiscal Year	SFY22
Fax Number	816-508-1757	CFDA # (if applicable)	93.472

****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	Prior Year Budget	New Budget	Increase/(Decrease)
Personnel	518,269.45	512,135.00	(6,134.45)
Fringe Benefits	128,289.50	130,326.00	2,036.50
Travel	30,853.77	23,520.00	(7,333.77)
Equipment	0.00	0.00	0.00
Supplies	14,835.00	2,250.00	(12,585.00)
Contractual	8,545.00	52,650.00	44,105.00
Building	51,118.00	41,988.00	(9,130.00)
Training	36,773.37	29,500.00	(7,273.37)
Other (Staff Expenses)	6,785.00	3,100.00	(3,685.00)
Other (specify)	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00
Indirect Costs**	79,546.91	79,547.00	0.09
Total Grant Budget:	\$875,016.00	\$875,016.00	(\$0.00)

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
27344	3813	0428	555900	875,016.00
Total				\$875,016.00

Additional Information:

Grantee will continue to provide services as outlined in their NOGA and SFY21 Grant Renewal Changes Attachment A. Grantee may serve approximately 175 families to include those referred SFY21 and active July 1, 2021.

*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 Award.

**RENEWAL #:****3**

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*	300 E. 36th St.	Grant Number	PPS-2019-FFMH-1
City, State, Zip*	Kansas City, MO 64111	Grant Year (from/to)	
E-Mail	info@cornerstonesofcare.org	7/1/2022	6/30/2023
Phone Number	816-508-1700	Fiscal Year	SFY23
Fax Number	816-508-1757	CFDA # (if applicable)	93.472

****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	Prior Year Budget	New Budget	Increase/(Decrease)
Personnel	698,975.00	737,865.00	38,890.00
Fringe Benefits	194,493.00	157,056.00	(37,437.00)
Travel	37,920.00	37,920.00	0.00
Equipment	14,800.00	0.00	(14,800.00)
Supplies	3,259.00	23,759.00	20,500.00
Contractual	92,250.00	83,044.00	(9,206.00)
Building	44,628.00	38,748.00	(5,880.00)
Training	46,389.00	11,400.00	(34,989.00)
Other (Staff Recruitment)	17,300.00	13,800.00	(3,500.00)
Other (Staff Recognition)	0.00	1,000.00	1,000.00
Other (Credential/Licens)	0.00	2,500.00	2,500.00
Indirect Costs**	115,002.00	110,709.00	(4,293.00)
Total Grant Budget:	\$1,265,016.00	\$1,217,801.00	(\$47,215.00)

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
27344	3813	0428	555900	1,265,016.00
Total				\$1,265,016.00

Additional Information:

Grantee will continue to provide services as outlined in their NOGA and SFY21 Grant Renewal Changes Attachment A.

*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 Award.