

**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:	Foster Adopt Connect, Inc		
Street Address*	18600 E 37th Terrace S.	Grant Number	PPS-2024-FFPSB-8
City, State, Zip*	Independence, MO 64057	Grant Year (from/to)	
E-Mail	lori@fosteradopt.org	7/1/2024	6/30/2025
Phone Number	816-350-0215	Fiscal Year	SFY25
Fax Number	816-350-0085	CFDA # (if applicable)	NA

****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	292,627.00
Fringe Benefits	106,983.00
Travel	21,951.00
Equipment	
Supplies	11,735.00
Contractual	8,000.00
Building	36,596.00
Training	4,100.00
Other 1 - Database	960.00
Other 2 - Emergency Assistanc	18,000.00
Other (specify)	
Indirect Costs**	42,182.00
Total Grant Budget:	\$543,134.00

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
ISD27343	1000	7020	55900	543,134.00
Total				\$543,134.00

Additional Information:

Grantee will continue to provide services as outlined in original NOGA beginning FY2024.

*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