



**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>	Independent Connection Inc.		
<b>Street Address*</b>	436 S. Ohio	<b>Grant Number</b>	RS-2022-CIL-02
<b>City, State, Zip*</b>	Salina, KS 67401	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	<a href="mailto:asaenger@indconnectinc.com">asaenger@indconnectinc.com</a>	7/1/2022	6/30/2023
<b>Phone Number</b>	785-452-9580	<b>Fiscal Year</b>	SFY 2023
<b>Fax Number</b>	785-515-2190	<b>CFDA # (if applicable)</b>	93.369

**\*\*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	231,018.40
Fringe Benefits	27,722.21
Travel	5,955.60
Equipment	2,736.19
Supplies	5,472.00
Contractual	36,170.00
Building	36,960.00
Training	4,950.00
Other (Taxes)	50.00
Other (Community Education)	1,000.00
Other (PHW Community Ed)	1,515.22
Indirect Costs**	0.00
<b>Total Grant Budget:</b>	<b>\$353,549.62</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26511	3387	5311	555900	31,667.44
26512	1000	5010	555900	155,870.46
26513	3387	5321	555900	105,471.22
26531	3387	5360	555900	60,540.50
<b>Total</b>				<b>\$353,549.62</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>	Independent Connection Inc.		
<b>Street Address*</b>	436 S. Ohio	<b>Grant Number</b>	RS-2022-CIL-02
<b>City, State, Zip*</b>	Salina, KS 67401	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	<a href="mailto:asaenger@indconnectinc.com">asaenger@indconnectinc.com</a>	7/1/2023	6/30/2024
<b>Phone Number</b>	785-452-9580	<b>Fiscal Year</b>	2024
<b>Fax Number</b>	785-515-2190	<b>CFDA # (if applicable)</b>	93.369

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Line Item	New Budget
Personnel	291,285.80
Fringe Benefits	34,006.60
Travel	7,473.38
Equipment	3,280.00
Supplies	11,109.70
Contractual	35,346.00
Building	33,849.96
Training	4,500.00
Other (Taxes)	50.00
Other (Community Education)	3,250.00
Other (PHW Community Educa	7,000.00
Indirect Costs**	
<b>Total Grant Budget:</b>	<b>\$431,151.44</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26511	3387	5311	555900	\$31,667.44
26512	1000	5010	555900	\$214,472.28
26513	3387	5321	555900	\$105,471.22
26531	3387	5360	555900	\$60,540.50 + SFY23 \$19,000 remaining amt
<b>Total</b>				<b>\$431,151.44</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**