



**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>	Mental Health Association of South Central Kansas		
<b>Street Address*</b>	555 N Woodlawn, Ste 3105	<b>Grant Number</b>	EES-2021-MHASCKS-01
<b>City, State, Zip*</b>	Wichita, KS 67208	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	blippe@mmasck.org	7/1/2022	6/30/2024
<b>Phone Number</b>	316-651-1212	<b>Fiscal Year</b>	SFY23 & SFY24
<b>Fax Number</b>	316-685-0768	<b>CFDA # (if applicable)</b>	93.558

**\*\*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	431,646.34
Fringe Benefits	79,232.49
Travel	4,161.40
Equipment	0.00
Supplies	1,802.14
Contractual	0.00
Building	54,335.20
Training	600.00
Other (Background Checks)	360.80
Other (specify)	0.00
Other (specify)	0.00
Indirect Costs**	61,200.00
<b>Total Grant Budget:</b>	<b>\$633,338.37</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
25138	3323	530	555900	633,338.37
<b>Total</b>				<b>\$633,338.37</b>

**Additional Information:**

Additional funds increasing by \$20,000.00 (original budget was \$613,338.37). This increase is being rolled over from the previous FY22 budget and will be used to hire a full time bi-lingual Facilitator/Case Manager.

\*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**