



**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>	Southeast Kansas Independent Living, Inc		
<b>Street Address*</b>	1801 Main St (PO Box 957)	<b>Grant Number</b>	RS-2022-CIL-07
<b>City, State, Zip*</b>	Parsons, KS 67357	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	sharic@skilonline.com	7/1/2022	6/30/2023
<b>Phone Number</b>	620-421-5502	<b>Fiscal Year</b>	SFY 2023
<b>Fax Number</b>	620-421-3705	<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	195,854.40
Fringe Benefits	17,426.00
Travel	0.00
Equipment	14,743.22
Supplies	0.00
Contractual	0.00
Building	0.00
Training	0.00
Other (specify)	0.00
Other (specify)	0.00
Other (specify)	0.00
Indirect Costs**	0.00
<b>Total Grant Budget:</b>	<b>\$228,023.62</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26511	3387	5311	555900	24,644.03
26512	1000	5010	555900	121,300.43
26513	3387	5321	555900	82,079.16
<b>Total</b>				<b>\$228,023.62</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 #:**

**X**

**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>	Southeast Kansas Independent Living, Inc.		
<b>Street Address*</b>	1801 Main St (PO Box 957)	<b>Grant Number</b>	RS-2022-CIL-07
<b>City, State, Zip*</b>	Parsons, KS 67357	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	sharic@skilonline.com	7/1/2023	6/30/2024
<b>Phone Number</b>	620-421-5502	<b>Fiscal Year</b>	2024
<b>Fax Number</b>	620-421-3705	<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	222,694.94
Fringe Benefits	19,649.40
Travel	
Equipment	16,644.00
Supplies	
Contractual	
Building	14,640.00
Training	
Other (specify)	
Other (specify)	
Other (specify)	
Indirect Costs**	
<b>Total Grant Budget:</b>	<b>\$273,628.34</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26511	3387	5311	555900	\$24,644.03
26512	1000	5010	555900	\$166,905.15
26513	3387	5321	555900	\$82,079.16
<b>Total</b>				<b>\$273,628.34</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**