

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Belvet Elsouhag

Date Prepared: 07/21/17

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Phone Number: 432-9668

Department: **Health & Social Services**

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## PRIMARY GRANT

Primary Grantor: Southeastern Arizona Governments Association (SEAGO) CFDA: 93.044 93.052  
www.CFDA.gov

Grant Title: SEAGO Area Agency on Aging

Grant Term From: 07/01/17

To: 06/30/18

Total Award Amount: 180,063.00

New Grant:  Yes  No

Grant No: Contract# 107-18

Amendment:  Yes  No

Amendment No: N/A

GL Account No: 239

If new, Finance will assign a fund number.

Strategic Plan: **Health & Wellbeing**

District: **CW**

Mandated by Law  Yes  No

Number of Positions Funded: 6

Asset(s) Acquired:

None

Grantor's reimbursement mileage rate: 0.00

Health or pension reimbursement: 0.00

Other reimbursement: 0.00

Briefly describe the purpose of the grant:

To provide case management services for older adults (60+) assisting to access services to stay in their own homes, living independently in their community reducing/delaying ALTCS enrollment and institutionalization.

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

AAA case managers currently serve 395 case management and 45 caregiver outreach clients county wide. In 2013, the county's assessment was \$4900/person enrolling on ALTCS. AAA services prevent/delay ALTCS enrollment.

**PRIMARY FUNDING SOURCE**

Funding Year: 2017-2018                      Federal Funds 332.100 180,063.00

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:                      180,063.00

Has this amount been budgeted?       Yes    No

Method of collecting funds:       Lump Sum    Quarterly    Draw    Reimbursement

Is reversion of unexpected funds required at the end of grant period?       Yes    No

(a) Total indirect (A-87) Cost Allocation:      \$ 15,854.39

(b) Amount of overhead allowed by grant:      \$ 0.00

County Subsidy (a) - (b) =      \$ 15,854.39

Is there a Secondary Grant Award associated with this Grant?       Yes    No

Name of Grant:

Funder:

If yes please complete an additional grant approval form.

Is County match required?       Yes    No

County match source:      GF

County match dollar amount or percentage:      \$68,000.00

**NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.**