

**2020 BUDGET STATEMENT FOR BERGEN COUNTY WELFARE AGENCY
SUMMARY OF BUDGET REQUEST**

| A. ASSISTANCE ACCOUNT (From Page 3) | II Budget Request 2020 | III State and Federal Funds Required | IV County Funds Required |
|--|-------------------------------------|--|--|
| 1. Temporary Assistance Needy Families | | | |
| a. Expenditures (Net of CSP and EBT) | 1,656,276 | 1,548,734 | 107,542 |
| b. Revenues | - | - | - |
| c. Net Funds Required | 1,656,276 | 1,548,734 | 107,542 |
| 2. Assistance to SSI Recipients | 4,632,329 | 3,474,247 | 1,158,082 |
| 3. Total Assistance Required | 6,288,605 | 5,022,981 | 1,265,624 |

| B. ADMINISTRATION ACCOUNT | I Budget Request State and Federal % | II Allocated & Direct Charges | III State and Federal Funds Required | IV County Funds Required |
|---|---|--|--|--|
| 1. TANF Income Maintenance Section | [1] | 1,312,630 | 656,315 | 656,315 |
| 2. Food Stamp Program | 50% | 8,982,701 | 4,491,350 | 4,491,350 |
| 3. Child Support & Paternity Program | 66% | 2,142,059 | 1,413,759 | 728,300 |
| 4. Refugee Programs | 100% | - | - | XXX |
| 5. Fraud Investigation Section (Non-TANF) | 50% | 1,377,265 | 688,633 | 688,633 |
| 6. Medical Assistance Program | 75% | 8,457,565 | 6,343,174 | 2,114,391 |
| 7. Comm. Care Waiver | [1] | 600,062 | 590,000 | 10,062 |
| 8. Medicaid Out-Stationing | 50% | 801,067 | 400,533 | 400,533 |
| 9. Medically Needy Program [2] | 100.00% | 231,480 | 231,480 | - |
| 10. TANF Case Management | [1] | 580,473 | 580,473 | - |
| 11. TANF Employment Services | [1] | - | - | - |
| 12. General Assistance Program | [1] | 1,343,660 | 1,343,660 | - |
| 13. Home Care Expansion | [1] | - | - | - |
| 14. GA/FS Case Management | [1] | 711,981 | 711,981 | - |
| 15. Non-Matchable | XXX | 958,594 | XXX | 958,594 |
| 16. Personal Attendant Care | [1] | - | - | - |
| 17. Staff Development and Training | [3] | 541,412 | 364,183 | 177,229 |
| 18. Sub-Total | XXX | 28,040,949 | 17,815,541 | 10,225,408 |
| 19. Less: Revenues | XXX | 2,657,546 | XXX | 2,657,546 |
| 20. Total Net Administration | XXX | 25,383,403 | 17,815,541 | 7,567,861 |

| C. SERVICES ACCOUNT | | | | |
|--|------------|------------------|------------------|----------------|
| 1. Social Services Section | [4] | 1,319,179 | 820,701 | 498,478 |
| 2. Family Planning Section | 90% | - | - | - |
| 3. Early Periodic Screening, Diagnosis & Treat | 50% | - | - | - |
| 4. Adult Protective Service | [1] | 615,705 | 507,788 | 107,917 |
| 5. Respite Care | [1] | - | - | - |
| 6. Total Services | XXX | 1,934,884 | 1,328,489 | 606,395 |

| D. TOTAL NET BUDGET REQUEST AND ALLOCATION (Sum of A.3., B.20., and C.6) | | | |
|--|-------------------|-------------------|------------------|
| | 33,606,892 | 24,167,011 | 9,439,881 |

- [1] Enter in Column III the anticipated amount of reimbursement per the program allotment/contract/grant, not to exceed Column II.
- [2] The computation for the Medically Needy Reimbursement rate is listed on Page 3A2.
- [3] If you have a SDT unit, the items to be posted to Columns II and III are listed on Page 2C. Transfer the total listed in column 1, line 6 to Column II, Line 17. For the State/Federal share, transfer the total listed in column 1, line 8 to column III, line 17.
- [4] Line C.1, Column III must be no greater than 75% of the amount in Column II AND no greater than the sum of the Budget Year Title XX Allotment and the DCF HSAC SSBG contract reimbursement ceiling if any. For those CWAs that choose the following option, an FFP representing the SSBG share for the estimated non-cash allowances,(Indirect Cost, Allowance in Lieu of Rent) that will be transferred to the County may be subtracted. Show calculation below:

| | |
|-----------------------------|----------------|
| Title XX Allotment | 820,701 |
| DCF HSAC SSBG Contract | - |
| FFP for non-cash allowances | - |
| Adjusted Allotment | 820,701 |

**2020 BUDGET STATEMENT FOR BERGEN COUNTY WELFARE AGENCY
REVENUE/GRANTS ITEMIZED**

REVENUES

| | |
|--|---------|
| CHILD SUPPORT ADMINISTRATION ALLOCATION | 298,606 |
| FOOD STAMP ADMINISTRATION ALLOCATION | 493,047 |
| HOME ENERGY ASSISTANCE | 17,407 |
| OUTSTATIONING REIMBURSEMENTS | 400,533 |
| 25% OF MAP REIMBURSEMENTS | 171,096 |
| OTHER MEDICAID REIMBURSEMENTS | - |
| INCENTIVES - IEVS, FS, MEDICAID, ANY OTHER | 55,000 |
| UNENCUMBERED CASH BALANCE (FROM PRIOR YEAR) | 357,893 |
| INTEREST EARNED | - |
| 71.2 ACCOUNT EXPENSES REIMBURSED AT 100% | 500 |
| 50% OF FSE&T PAYMENTS (ACCOUNTS 71.4 & 71.5) | 35,000 |
| INDIRECT COST ALLOCATION MATCH | 325,000 |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |

GRANTS

| | |
|----------------------------------|---------|
| PEER - Home Health Aide Services | 300,000 |
| BCDSS Certified Home Health Aide | 90,132 |
| Hotel/Motel Placement | 11,135 |
| County Trans-Plus | 102,197 |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |
| _____ | - |

| | |
|-------------------------------------|-----------|
| TOTAL (Transfer to Page 2, LINE 19) | 2,657,546 |
|-------------------------------------|-----------|