

**2022 BUDGET STATEMENT FOR BERGEN COUNTY WELFARE AGENCY
SUMMARY OF BUDGET REQUEST**

A. ASSISTANCE ACCOUNT (From Page 3)	II Budget Request 2022	III State and Federal Funds Required	IV County Funds Required
1. Temporary Assistance Needy Families			
a. Expenditures (Net of CSP and EBT)	2,015,859	1,894,260	121,599
b. Revenues	-	-	-
c. Net Funds Required	2,015,859	1,894,260	121,599
2. Assistance to SSI Recipients	5,279,214	3,959,411	1,319,804
3. Total Assistance Required	7,295,073	5,853,671	1,441,403

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]	802,292	401,146	401,146
2. Food Stamp Program	50%	9,023,913	4,511,956	4,511,956
3. Child Support & Paternity Program	66%	2,007,418	1,324,896	682,522
4. Refugee Programs	100%	-	-	XXX
5. Fraud Investigation Section (Non-TANF)	50%	1,349,532	674,766	674,766
6. Medical Assistance Program	75%	8,959,346	6,719,510	2,239,837
7. Comm. Care Waiver	[1]	1,028,208	1,000,000	28,208
8. Medicaid Out-Stationing	50%	866,460	433,230	433,230
9. Medically Needy Program [2]	100.00%	154,907	154,907	-
10. TANF Case Management	[1]	153,052	153,052	-
11. TANF Employment Services	[1]	-	-	-
12. General Assistance Program	[1]	1,077,763	1,077,763	-
13. Home Care Expansion	[1]	-	-	-
14. GA/FS Case Management	[1]	414,857	414,857	-
15. Non-Matchable	XXX	1,291,144	XXX	1,291,144
16. Personal Attendant Care	[1]	-	-	-
17. Staff Development and Training	[3]	485,879	326,828	159,050
18. Sub-Total	XXX	27,614,771	17,192,912	10,421,859
19. Less: Revenues	XXX	3,479,634	XXX	3,479,634
20. Total Net Administration	XXX	24,135,137	17,192,912	6,942,225

C. SERVICES ACCOUNT				
1. Social Services Section	[4]	1,457,903	820,701	637,202
2. Family Planning Section	90%	-	-	-
3. Early Periodic Screening, Diagnosis & Treat	50%	-	-	-
4. Adult Protective Service	[1]	1,117,107	610,083	507,024
5. Respite Care	[1]	-	-	-
6. Total Services	XXX	2,575,010	1,430,784	1,144,226

D. TOTAL NET BUDGET REQUEST AND ALLOCATION (Sum of A.3., B.20., and C.6)			
	34,005,220	24,477,367	9,527,854

- [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