

**2024 BUDGET STATEMENT FOR Bergen COUNTY WELFARE AGENCY  
SUMMARY OF BUDGET REQUEST**

<b>A. ASSISTANCE ACCOUNT (From Page 3)</b>	<b>II</b> Budget Request 2024	<b>III</b> State and Federal Funds Required	<b>IV</b> County Funds Required
1. Temporary Assistance Needy Families			
a. Expenditures (Net of CSP and EBT)	2,754,027	2,638,421	115,606
b. Revenues	-	-	-
c. Net Funds Required	2,754,027	2,638,421	115,606
2. Assistance to SSI Recipients	5,532,866	4,149,650	1,383,217
3. <b>Total Assistance Required</b>	<b>8,286,893</b>	<b>6,788,071</b>	<b>1,498,823</b>

<b>B. ADMINISTRATION ACCOUNT</b>	<b>I</b> Budget Request State and Federal %	<b>II</b> Allocated & Direct Charges	<b>III</b> State and Federal Funds Required	<b>IV</b> County Funds Required
1. TANF Income Maintenance Section	[1]	1,298,901	649,451	649,451
2. Food Stamp Program	50%	11,321,663	5,660,831	5,660,831
3. Child Support & Paternity Program	66%	2,030,850	1,340,361	690,489
4. Refugee Programs	100%	-	-	XXX
5. Fraud Investigation Section (Non-TANF)	50%	1,349,139	674,569	674,569
6. Medical Assistance Program	75%	9,193,038	6,894,779	2,298,260
7. Comm. Care Waiver	[1]	1,097,192	1,070,000	27,192
8. Medicaid Out-Stationing	50%	832,210	416,105	416,105
9. Medically Needy Program [2]	100.00%	151,994	151,994	-
10. TANF Case Management	[1]	249,590	249,590	-
11. TANF Employment Services	[1]	-	-	-
12. General Assistance Program	[1]	1,152,095	1,146,715	5,380
13. Home Care Expansion	[1]	-	-	-
14. GA/FS Case Management	[1]	309,102	309,102	-
15. Non-Matchable	XXX	1,316,195	XXX	1,316,195
16. Personal Attendant Care	[1]	-	-	-
17. Staff Development and Training	[3]	532,345	358,084	174,261
18. Sub-Total	XXX	30,834,315	18,921,582	11,912,733
19. Less: Revenues	XXX	3,938,448	XXX	3,938,448
20. <b>Total Net Administration</b>	<b>XXX</b>	<b>26,895,867</b>	<b>18,921,582</b>	<b>7,974,285</b>

<b>C. SERVICES ACCOUNT</b>				
1. Social Services Section	[4]	1,703,913	820,701	883,212
2. Family Planning Section	90%	-	-	-
3. Early Periodic Screening, Diagnosis & Treat	50%	-	-	-
4. Adult Protective Service	[1]	1,423,237	610,083	813,154
5. Respite Care	[1]	-	-	-
6. <b>Total Services</b>	<b>XXX</b>	<b>3,127,150</b>	<b>1,430,784</b>	<b>1,696,366</b>

<b>D. TOTAL NET BUDGET REQUEST AND ALLOCATION</b> (Sum of A.3., B.20., and C.6)	<b>38,309,910</b>	<b>27,140,436</b>	<b>11,169,474</b>
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- [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	-
<b>Adjusted Allotment</b>	<b>820,701</b>