

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	0	_____	_____	_____	_____
Operating Costs	84,000	_____	_____	_____	_____
External Revenues	(84,000)	_____	_____	_____	_____
Program Income (County)	0	_____	_____	_____	_____
In-Kind Match (County)	0	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8201
 Program Code various

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding provided through the U.S. Department of Health and Human Services.
 No county match is required.

C. Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 9-19-07
 9/19/07 OFMB 9/19/07 CN 9/19/07
[Signature] 9/20/07 Contract Dev. and Control

B. Legal Sufficiency:
[Signature] 9/24/07
 Assistant County Attorney

9/20/07 These amendments
 comply with our review
 requirements.

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.