

## City of San Antonio Fiscal Impact Form

## **Category Selection**

Tip: Once you have selected a category, you must reset the form to change the category.

Resetting the form clears all your entries.

	*Is this a contract for City Council Consideration?   Yes   No	
	*Fiscal Impact? • Yes	
	*Is the attached contract signed? O Yes • No	
	SAP Contract Number:	
	Please choose from the list below:	
	Grant	
	Category 3: Grant	
	This option would be used to accept or expend grant funds.	
lf amplicable state o		
ii applicable, state g	rant type and name (i.e. federal, state, or other grant):	
FEDERAL	, EARLY HEAD START PROGRAM, CFDA 96	
	Is this 100% grant funded? Yes • No	
List cash match:		
List in-kind match:	\$563,596	
Does the grant include	e an indirect cost to the General Fund? Yes No	
f this is a new grant, d	oes this action create a new position? Explain in detail.	
	l Project Manager, 2 Management Analyst, 2-Family Support Workers.	]
Sr. SPM to oversee pmanagement.	program operations; 2 MA for ECE, Health, ERSEA; 2 FSW for case	

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If this is a continuation of a grant, does this action require any changes to the current authorized positions for the department/project? Explain in detail.

New Grant	
Impact on Operation & Maintenance:	
NA	
This completes your required information.	
User Authentication	
Authorized Signature: Mary E. Vazquez (DHS)	Date: 10/17/2019

Attach this completed form to your item.