

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
CSBG SFY 2024

Agency Name: Gateway Community Action

Address: 151 University drive

West Liberty, KY 41472

Contact Number: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Complete if Carryover is included

SFY 2025 Allocation	318281.23
Carryover amount	\$ _____
Carried from SFY _____	_____
Total	\$ _____

Invoice Period: \_\_\_\_\_

Mark One:

Original Budget:	_____
Revised Budget:	_____
Monthly Invoice:	_____
Final Invoice:	_____

New 2025  
CSBG  
Expenditures Domains

BUDGET / COST CATEGORIES	APPROVED BUDGET	CSBG ADMINISTRATION	EMPLOYMENT	EDUCATION and COGNITIVE DEVELOPMENT	INCOME INFRASTRUCTURE and ASSET BUILDING	HOUSING	HEALTH AND SOCIAL BEHAVIORAL DEVELOPMENT (Includes Nutrition)	CIVIC ENGAGEMENT and COMMUNITY INVOLVEMENT	SERVICES SUPPORTING MULTIPLE DOMAINS	LINKAGES	AGENCY CAPACITY BUILDING
<b>I. PERSONNEL:</b>											
		<b>This should be left blank.</b>									
A.) SALARIES / WAGES	141,000.00		42,300.00	28,200.00	11,280.00	21,150.00	15,510.00	2,820.00	16,920.00	1,410.00	1,410.00
B.) FRINGE BENEFITS	83,429.70		25,028.90	16,685.94	6,674.38	12,514.46	9,177.27	1,668.59	10,011.56	834.30	834.30
C.) CONSULTANT / CONTRACT SERVICES	0.00										
<b>II. NON-PERSONNEL:</b>											
		<b>This should be left blank.</b>									
A.) SPACE COSTS	23,000.00		6,900.00	4,600.00	1,840.00	3,450.00	2,530.00	460.00	2,760.00	230.00	230.00
B.) EQUIPMENT	0.00										
C.) CONSUMABLE SUPPLIES	7,000.00		2,100.00	1,400.00	560.00	1,050.00	770.00	140.00	840.00	70.00	70.00
D.) UTILITIES	5,000.00		1,500.00	1,000.00	400.00	750.00	550.00	100.00	600.00	50.00	50.00
E.) TRANSPORTATION / TRAVEL	2,000.00		600.00	400.00	160.00	300.00	220.00	40.00	240.00	20.00	20.00
F.) CLIENT SERVICES	7,600.00		2,280.00	1,520.00	608.00	1,140.00	836.00	152.00	912.00	76.00	76.00
G.) STAFF DEVELOPMENT	3,542.00		1,062.60	708.40	283.36	531.30	389.62	70.84	425.04	35.42	35.42
H.) OTHER COSTS	22,726.53		6,817.95	4,545.31	1,818.12	3,408.98	2,499.92	454.53	2,727.18	227.27	227.27
<b>III. INDIRECT COSTS:</b>	<b>22,983.00</b>	<b>22,983.00</b>									
<b>TOTALS</b>	<b>318,281.23</b>	<b>22,983.00</b>	<b>88,589.45</b>	<b>59,059.65</b>	<b>23,623.86</b>	<b>44,294.74</b>	<b>32,482.81</b>	<b>5,905.96</b>	<b>35,435.78</b>	<b>2,952.99</b>	<b>2,952.99</b>
<b>APPROVED BUDGET</b>	<b>318,281.23</b>										

CURRENT MONTH EXPENDITURES	TOTAL EXPENSES YEAR- TO- DATE	AVAILABLE BALANCE
	<b>This should be left blank.</b>	
141,000.00	141,000.00	0.00
83,429.70	83,429.70	0.00
0.00	0.00	0.00
	<b>This should be left blank.</b>	
23,000.00	23,000.00	0.00
0.00	0.00	0.00
7,000.00	7,000.00	0.00
5,000.00	5,000.00	0.00
2,000.00	2,000.00	0.00
7,600.00	7,600.00	0.00
3,542.00	3,542.00	0.00
22,726.53	22,726.53	0.00
22,983.00	22,983.00	0.00
<b>318,281.23</b>	<b>318,281.23</b>	<b>0.00</b>

SFY 2025 Allocation	\$	318,281.23	Executive Director: _____	Date: _____
Carryover Amount			CSBG Director: _____	Date: _____
<b>Total</b>	\$	<b>318,281.23</b>	Finance Director: _____	Date: _____

**COMMUNITY SERVICES BLOCK GRANT**

Cabinet for Health and Family Services  
Community Services Block Grant  
Local In-Kind Match Certification

CODE	BUDGET/COST CATEROGRIES	PROJECTED EXPENDITURES BY BUDGET/COST CATEGORIES BY THE SFY (FROM ATTACHMENT B1)	Agency Certification of In-Kind Expenditures
1	SALARIES/WAGES	\$ 141,000.00	
2	FRINGE BENEFITS	\$ 83,429.70	
3	CONSULTANT/CONTRACT SERVICE	\$ -	
4	SPACE COSTS	\$ 23,000.00	
5	EQUIPMENT	\$ -	
6	CONSUMABLE SUPPLIES	\$ 7,000.00	
7	UTILITIES	\$ 5,000.00	
8	TRANSPORTATION/TRAVEL	\$ 2,000.00	
9	CLIENT SERVICES	\$ 7,600.00	
10	STAFF DEVELOPMENT	\$ 3,542.00	
11	OTHER	\$ 22,726.53	
12	INDIRECT	\$ 22,983.00	
	<b>TOTAL PROJECTED EXPENDITURES \$</b>	<b>\$ 318,281.23</b>	<b>\$ -</b>

I Certify that the total in-kind expenditures herein reported and designated in the categories above is from funds that are eligible for matching to cover the 20% required in local in-kind match.

Signature:

Date:

CSBG Director

\_\_\_\_\_

CFO:

\_\_\_\_\_

Executive Director:

\_\_\_\_\_