CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV Fiscal Year 20 , October 1, 20 through September 30, 20

riscar rear 20, October 1, 20 through september 50, 20							
1. State or ITO:	2. EIN:						
3. Address:	4. Submission:						
	[] New						
	[] Revision						
5. Total estimated title IV-B, Subpart 1 Funds	\$						
a) Total administration (not to exceed 10% of estimated allotment)	\$						
6. Total estimated title IV-B, Subpart 2 Funds (FOR STATES: This amount should	l equal \$						
the sum of lines a-g. ITOs are not required to complete lines 6a-6g.)	•						
a) Total Family Preservation Services	\$						
b) Total Family Support Services	\$						
c) Total Time-Limited Family Reunification Services	\$						
d) Total Adoption Promotion and Support Services	\$						
e) Total for Other Service Related Activities (e.g. planning)	\$						
f) Monthly Caseworker Visits (STATES ONLY)	\$						
g) Total administration (FOR STATES: not to exceed 10% of estimated allotme	ent) \$						
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations							
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$							
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribe is requesting. \$							
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State mate	rh required)						
Estimated Amount \$, plus additional allocation, as available.	an required)						
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds. (FOR STA	ATES \$						
ONLY)	Ψ						
a) Indicate the amount of State's allotment to be spent on room and board for eliquouth (not to exceed 30% of CFCIP allotment).	gible \$						
10. Estimated Education and Training Voucher (ETV) funds.	\$						
	Ψ						
11. Re-allotment of CFCIP and ETV Program Funds:							
a) Indicate the amount of the State's allotment that will not be required to carry	out CFCIP \$						
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$							
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ for ETV program \$							
12. Certification by State Agency and/or Indian Tribal Organization.							
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 20							
Signature and Title of State/Tribal Agency Official Signature and Title	Signature and Title of Central Office Official						

16) TOTAL

CFS-101 Part II: Annual Summary of Child and Family Services

For FFY OCTOBER, TO SEPTEMBER 30, _ State or ITO _ TITLE IV-B (f) (c) (d) (e) (g) (h) (i) (j) CAPTA* CFCIP* TITLE IV-E NUMBER TO BE **POPULATION** GEOG. AREA ETV* State, Local, & Donated SERVED TO BE SERVED TO BE SERVED Funds SERVICES/ACTIVITIES (a) I-CWS (b) II-PSSF Individuals Families 1) PREVENTION & SUPPORT Blank Cell Blank Cell Blank Cell SERVICES (FAMILY SUPPORT) 2) PROTECTIVE SERVICES Blank Cell Blank Cell Blank Cell 3) CRISIS INTERVENTION Blank Cell Blank Cell (FAMILY PRESERVATION) 4)TIME-LIMITED FAMILY Blank Cell Blank Cell REUNIFICATION SERVICES 5.) ADOPTION PROMOTION AND Blank Cell Blank Cell Blank Cell SUPPORT SERVICES 6) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE Blank Cell Blank Cell Blank Cell Blank Cell FOSTER CARE Blank Cell Blank Cell Blank Cell Blank Cell (b) GROUP/INST CARE Blank Cell Blank Cell Blank Cell Blank Cell 7) ADOPTION SUBSIDY PMTS. 8) INDEPENDENT LIVING Blank Cell Blank Cell Blank Cell **SERVICES** 9) EDUCATION AND TRAINING Blank Cell Blank Cell VOUCHERS Blank Cell Blank Cell Blank Cell Blank Cell 10) ADMINISTRATIVE COSTS Blank Cell Blank Cell Blank Cell 11) STAFF TRAINING 12) FOSTER PARENT Blank Cell Blank Cell Blank Cell Blank Cell Blank Cell RECRUITMENT & TRAINING 13) ADOPTIVE PARENT Blank Cell Blank Cell Blank Cell Blank Cell Blank Cell **RECRUITMENT & TRAINING** 14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING Blank Cell Blank Cell Blank Cell Blank Cell 15) MONTHLY CASEWORKER Blank Cell Blank Cell Blank Cell Blank Cell Blank Cell Blank Cell VISITS Blank Cell Blank Cell Blank Cell

^{*} States Only, Indian Tribes are not required to include information on these programs

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV): Fiscal Year 2006: October 1, 2005 through September 30, 2006

8 \ /	, 8						
1. State or ITO:	2. EIN:	3. Address:					
4. Submission: [] New [] Revision							
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population	Geographic area served	
			Individuals	Families	served		
5. Total title IV-B, subpart 1 funds	\$	\$					
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$	\$					
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - g.)	\$	\$					
a) Family Preservation Services	\$	\$					
b) Family Support Services	\$	\$					
c) Time-Limited Family Reunification Services	\$	\$					
d) Adoption Promotion and Support Services	\$	\$					
e) Total for Other Service Related Activities (e.g. planning)	\$	\$	Blank Cell	Blank Cell	Blank Cell	Blank Cell	
f) Monthly Caseworker Visits (FOR STATES)	\$	\$					
g) Total Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	\$	\$	Blank Cell	Blank Cell	Blank Cell	Blank Cell	
7. Total Chafee Foster Care Independence Program (CFCIP) funds	\$	\$					
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$	\$					
8. Total Education and Training Voucher (ETV) funds	\$	\$					
9. Certification by State Agency or Indian Tribal Organiz Child and Family Services Plan, which has been jointly d 20							
Signature and Title of State/Tribal Agency Official	Date	Signature and Title of Central Office Official			Date		
	-						