

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__

1. State or ITO:	2. EIN:
3. Address:	4. Submission: <input type="checkbox"/> New <input type="checkbox"/> 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 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 allotment)	\$
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 match required) Estimated Amount \$_____, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds. (FOR STATES ONLY)	\$
a) Indicate the amount of State's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).	\$
10. Estimated Education and Training Voucher (ETV) funds.	\$
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 of Central Office Official

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

State or ITO _____ For FFY OCTOBER, ____ TO SEPTEMBER 30, ____

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

1. State or ITO:		2. EIN:		3. Address:			
4. Submission: <input type="checkbox"/> New <input type="checkbox"/> Revision							
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served	
			Individuals	Families			
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 Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 20__.							
Signature and Title of State/Tribal Agency Official		Date		Signature and Title of Central Office Official		Date	