

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	
		4. DUNS:	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)	
		<input type="checkbox"/> NEW	
		<input type="checkbox"/> REALLOTM	
a) Email address for grant award notices:			
REQUEST FOR FUNDING for FY 2022:			
<p>The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.</p> <p style="text-align: center;">Hardcode all numbers; no formulas or linked cells.</p>			
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$0
a) Total administrative costs (not to exceed 10% of the CWS request)			\$0
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	\$0
a) Family Preservation Services		#DIV/0!	\$0
b) Family Support Services		#DIV/0!	\$0
c) Family Reunification Services		#DIV/0!	\$0
d) Adoption Promotion and Support Services		#DIV/0!	\$0
e) Other Service Related Activities (e.g. planning)		#DIV/0!	\$0
f) Administrative costs (STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum)		#DIV/0!	\$0
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		#DIV/0!	\$0
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$0
a) Total administrative costs (not to exceed 10% of MCV request)			\$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$0
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$0
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$0
11. Requested Education and Training Voucher (ETV) funds:			\$0
REALLOTMENT REQUEST(S) for FY 2021:			
<i>Complete this section for adjustments to current year awarded funding levels.</i>			
12. Identification of Surplus for Reallotment:			
CWS Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:			
	PSSF	MCV (States only)	ETV Program
\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):			
	PSSF	MCV (States only)	ETV Program
\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:			
The State agency or Indian Tribal Organization 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, Chafee 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 Children's Bureau.			
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official	
Title		Title	
Date		Date	

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

Name of State or Indian Tribal Organization:

0 For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ -	No Data	No Data	\$ -	No Data	No Data	\$ -	\$ -	-	-	-	-
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ -	\$ -	-	-	-	-
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ -	\$ -	-	-	-	-
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ -	\$ -	-	-	-	-
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ -	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -	No Data	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
(b) GROUP/INST CARE	\$ -	No Data	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
8.) ADOPTION SUBSIDY PYMTS.	\$ -	No Data	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -	No Data	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -	No Data	No Data	\$ -	No Data	\$ -	\$ -	-	-	-	-
11.) EDUCATION AND TRAINING VOUCHERS	\$ -	No Data	No Data	No Data	\$ -	\$ -	\$ -	\$ -	-	-	-	-
12.) ADMINISTRATIVE COSTS	\$ -	\$ -	\$ -	No Data	No Data	No Data	\$ -	\$ -	No Data	No Data	No Data	No Data
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ -	\$ -	No Data	No Data	No Data	No Data
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ -	\$ -	No Data	No Data	No Data	No Data
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	No Data	No Data	No Data	No Data	No Data	\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -	No Data	\$ -	\$ -	\$ -	\$ -	\$ -	No Data	No Data	No Data	No Data
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ -	No Data	No Data	No Data	\$ -	\$ -	No Data	No Data	No Data	No Data
18.) TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				No Data

19.) TOTALS FROM PART I

\$0 \$0 \$0 \$0 \$0 \$0 \$0

20.) Difference (Part I - Part II)

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

- On this form
- In the APSR/CFSP narrative

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher
 Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020**

1. Name of State or Indian Tribal Organization:		2. Address:			3. EIN:	
0		0			4. DUNS:	
5. Submission Type: (select one) <input type="checkbox"/> NEW <input type="checkbox"/> REVISION		0				
Description of Funds	(A) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ -	-	-	-	-	-
a) Administrative Costs <i>(not to exceed 10% of CWS allotment)</i>	\$ -	No Data	No Data	No Data	No Data	No Data
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ -	-	-	-	-	-
a) Family Preservation Services	\$ -	No Data	No Data	No Data	No Data	No Data
b) Family Support Services	\$ -	No Data	No Data	No Data	No Data	No Data
c) Family Reunification Services	\$ -	No Data	No Data	No Data	No Data	No Data
d) Adoption Promotion and Support Services	\$ -	No Data	No Data	No Data	No Data	No Data
e) Other Service Related Activities (e.g. planning)	\$ -	No Data	No Data	No Data	No Data	No Data
f) Administrative Costs <i>(FOR STATES: not to exceed 10% of PSSF allotment)</i>	\$ -	No Data	No Data	No Data	No Data	No Data
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ -	-	-	-	-	-
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ -	No Data	No Data	No Data	No Data	No Data
a) Administrative Costs <i>(not to exceed 10% of MCV allotment)</i>	\$ -	No Data	No Data	No Data	No Data	No Data
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ -	-	-	-	-	-
a) Indicate the amount of allotment spent on room and board for eligible youth <i>(not to exceed 30% of Chafee allotment)</i>	\$ -	-	-	-	-	-
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ -	-	-	-	-	-
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.						
<i>Signature of State/Tribal Agency Official</i>			<i>Signature of Federal Children's Bureau Official</i>			
<i>Title</i>	<i>Date</i>	<i>Title</i>	<i>Date</i>			