CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV

For Federal Fiscal Year 2027 Grants: October 1, 2026 through September 30, 2027

1. Name of State or Indian Tribal Organization:	**5. EIN:**	
	6. UEI:	
1a. Name of Agency (Department/Division):		
2. Address: ***Report only if mailing address has changed since last year's submission***		
3. Contact Name and Phone for Questions: *enter info here*		(111) 111-1111
4. Email address for grant award notices (one only): *enter info here*		

REQUEST FOR FUNDING for FY 2027:

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.

Hardcode all numbers; no formulas or linked cells.

7. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$0
a) Total administrative costs (not to exceed 10% of the CWS request) - this is a subset of Row 7		$0
8. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and	**% 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: not to exceed 10% of the PSSF request; TRIBES: no max %)*	#DIV/0!	$0
g) Total itemized request for PSSF funds: NO ENTRY: Displays the sum of lines 8a-f.	#DIV/0!	$0
9. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$0
a) Total administrative costs (not to exceed 10% of MCV request) - this is a subset of Row 9		$0
10. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$0
11. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:		$0
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$0
12. Requested Education and Training Voucher (ETV) funds:		$0

13. 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 (CFSP), which has been jointly developed with, and approved by, the Children's Bureau. Additionally, the expenditures reported on CFS-101 Part III were made in accordance with the CFSP and are accurate.

Signature of State/Tribal Agency Official	***The grantee official's signature on Part I also applies to Part III of this set of CFS-101s.***
Title: enter info here	
Date: enter info here	

OMB Approval #0970-0426
Approved through XX/XX/XXXX

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

State or Indian Tribal Organization/Agency: 0 0 **For FY 2027: OCTOBER 1, 2026 TO SEPTEMBER 30, 2027**

No entry required in the black shaded cells ENTER WHOLE NUMBERS ONLY

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, Tribal, Local, and Donated Funds	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	$ -			$ -				$ -	-	-	-	-
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ -		$ -				$ -	-	-	-	-
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ -		$ -				$ -	-	-	-	-
4.) FAMILY REUNIFICATION SERVICES	$ -	$ -		$ -				$ -	-	-	-	-
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ -						$ -	-	-	-	-
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -						$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ -	$ -	-	-	-	-
(b) GROUP/INST CARE	$ -						$ -	$ -	-	-	-	-
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ -	$ -	-	-	-	-
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ -	$ -	-	-	-	-
10.) INDEPENDENT LIVING SERVICES	$ -				$ -			$ -	-	-	-	-
11.) EDUCATION AND TRAINING VOUCHERS	$ -					$ -		$ -	-	-	-	-
12.) ADMINISTRATIVE COSTS	$ -	$ -	$ -				$ -	$ -				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ -				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ -	$ -				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ -				$ -	$ -				
18.) TOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -				
19.) TOTALS FROM PART I	$0	$0	$0	$0	$0	$0						
20.) Difference (Part I - Part II)	$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 the amount on Part I.)

21.) Population data required in columns I - L can be found: (mark X below the option)

On this form	In the APSR Narrative

OMB Approval #0970-0426
Approved through XX/XX/XXXX

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 2024 Grants: October 1, 2023 through September 30, 2025

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:	0				
1a. Name of Agency:					
2. Submission Type: Presumes "New." Enter "R" in the box to the right submitting a Revision (after acceptance by the Children's Bureau).					
Description of Funds	**(A) Expenditures for FY 24 Grants** *(whole numbers only)*	**(B) Number Individuals served**	**(C) Number Families served**	**(D) Population served** *(description, not numbers)*	**(E) Geographic area served**
3. Total title IV-B, subpart 1 (CWS) funds:	$ -	-	-	-	-
a) Administrative Costs (not to exceed 10% of CWS	$ -				
4. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ -	-	-	-	-
a) Family Preservation Services	$ -				
b) Family Support Services	$ -				
c) Family Reunification Services	$ -				
d) Adoption Promotion and Support Services	$ -				
e) Other Service Related Activities (e.g. planning)	$ -				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF spending)*	$ -				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	$ -				
5. Total Monthly Caseworker Visit funds: *(STATES*	$ -				
a) Administrative Costs *(not to exceed 10% of MCV*	$ -				
6. 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 *(not to exceed 30% of Chafee*	$ -				
7. Total Education and Training Voucher (ETV) funds:	$ -	-	-	-	-

Instructions for Completing the CFS-101 Forms

Introduction

The CFS-101 is a set of financial forms State Agencies, Territories, Insular Areas (States), Indian Tribes, Indian Tribal Organizations, or Indian Tribal Consortia (Tribes) must complete to apply for and receive funding under title IV-B, subparts 1 and 2 of the Social Security Act, the Child Abuse Prevention and Treatment Act (CAPTA) State Grant, and the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) and Education and Training Voucher (ETV) Program.

The set of CFS-101 forms has three parts:

- Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA State Grant, Chafee, and ETV;
- Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds; and,
- Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee, and ETV.

Access and download the current CFS-101 forms from the CB website on the State or Tribal Toolkit pages.

NEW For FY 2027:
Part I

- Item 2, Grantee Information, the address section only needs to be completed IF the information has changed since last year's submission of the CFS-101s.
- The submission type is no longer required.
- The reallotment section has been removed from Part I and is now a stand-alone form and instructions (CFS-101 Reallotment).
- For IV-B, subpart I administrative costs, tribal grantees may use a weighted average of federally negotiated indirect costs rather than the 10% maximum cap for the grant (section 428(c) of the Social Security Act (the Act)).
- A single agency official signature is required. The signature on Part I also applies to the requirements on Part III.

Beginning for FY 2027, Indian Tribes, Indian Tribal organizations and Tribal Consortia are required to only complete the CFS-101 Part I. Parts II and III are now optional.

Tribes with approval from Bureau of Indian Affairs and the Children's Bureau to integrate title IV-B funding into a 477 plan are required to submit a CFS-101 Part I only (completing lines 1-7 (but not 7a) and line 8 (but not 8a-g) with signature).

When finished, save, and name the PDF file (and Excel workbook for states) as: "Grantee name FY [year] CFS-101s" so that the name of the state or tribe submitting the file is clearly identified.

Note: While the information on the programs is consolidated into one Annual Program Services Report (APSR), eligibility and expenditure reports for the individual programs are separate. Funding will not be delayed for one program due to potential eligibility issues in another program.

CFS-101, Part I Instructions: Annual Budget Request for Funds under Title IV-B, Subparts 1 & 2, CAPTA State Grant, Chafee, and ETV

The numbering below corresponds to the item numbers on the CFS-101 forms.

1. Name of State or Indian Tribal Organization: Enter the name of the State or Indian Tribal Organization (Tribe) in cell A4 of the Excel worksheet.

1a. Name of Agency (Department/Division): Enter the name of the agency (Department or Division) in cell A6 of the Excel worksheet.

2. Address: Enter the mailing address of the state or tribal agency in the cells below the "address" line ONLY if this has changed since last year's CFS-101 submission.

3. Contact Information: Enter the name and phone number of the person who is completing the CFS-101s, in case of any follow-up questions.

4. Email: Enter the email address to which grant award notices may be sent. Enter only one email.

5. EIN: Enter the Employer Identification Number (EIN) The EIN should be 12-digits that includes a prefix, a core 9-digit number and a two-digit alphanumeric suffix at the end. The full EIN can be obtained from the Payment Management System (PMS).

6. UEI: Enter the Unique Entity Identifier (UEI) assigned to your organization. The UEI is an alphanumeric combination of 12-digits. If applying for the title IV-B grants for the first time, information on how to obtain a UEI is available on the grants.gov website. A UEI is required to receive grant funding from the Federal government.

Requests for Funding Section: *The annual budget 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.* Use prior year allotments for these estimates and for planning purposes. The FY 2025 Allotment Tables available on the CB website for reference.

Enter all funding requests as whole dollars, without formulas or links to other worksheets.

7. Requested Total title IV-B, subpart 1 (CWS) funds: Enter the amount of title IV-B, subpart 1 federal funds that the state or tribe plans to spend (from the allotment tables) for the Stephanie Tubbs Jones Child Welfare Services (CWS) Program. A 25% match is required, which must be reflected on the SF-425 report submitted at year's end.

- Enter the estimated amount of title IV-B, subpart 1 CWS funds to be spent on administration. For states and tribes, administrative costs under title IV-B, subpart 1 may not be more than ten percent of title IV-B, subpart 1 expenditures. Allowable costs for title IV-B, subpart 1 may include procurement, payroll processing, personnel functions, management,

maintenance and operation of space and property, data processing and computer services, accounting, budgeting, auditing, and travel expenses. Allowable costs may also include indirect costs allocable in accordance with the agency's approved cost allocation plan (45 CFR 1357.32(h)). Applicable costs exclude administrative costs related to the provision of services by caseworkers or the oversight of programs funded under Title IV-B, subpart 1 (Section 422(c)(1) of the Act).

For states, this cannot exceed 10% of the total title IV-B, subpart 1 amount entered on line 7).

For tribes, this may be an amount based on your tribe's weighted average of federally negotiated indirect costs rather than the 10% maximum. A warning displays if the amount entered is greater than 10% of the requested amount and tribes using a weighted average can ignore the warning. The amount reported in 7a is a subset of line 7.

8. Requested Total title IV-B, subpart 2 (PSSF) funds: A 25% match is required, which must be reflected on the SF-425 report submitted at year's end.

States do not complete line 8.
For TRIBES only: Enter the total amount of funds for title IV-B, subpart 2 that the tribe plans to spend for the MaryLee Allen Promoting Safe and Stable Families (PSSF) Program. If any funds will be spent on administration, enter that amount in 8f.

Tribes are not required to provide the breakout for the use of funds on Part I, but may opt to complete lines 8a-f to identify planned expenditures by service category. Tribes should complete either line 8 (and 8f, if applicable), *or* lines 8a-f, which will then prompt the total to display on line 8g. Note that the 'total' lines, line 8 and 8g are not connected in any way, and line 8 does not carry over to Part II. Completing items 8a-f will automatically fill on Part II and ensure balancing between Part I and Part II.

8a-f. Breakout of title IV-B, subpart 2 (PSSF) funds: States must complete lines 8a–f. Line 8g sums the amounts in lines 8a-f to become the total request for PSSF. Enter the amount of PSSF funds that are budgeted in each category. The percentage of funds for each service category will automatically calculate. If less than 20% of the total (line 8g) is expected to be spent in any of the four service areas (8a–d), states must provide a strong rationale. The 20% spending in each category does not apply to tribal applicants.

- *For states only*, administrative costs under title IV-B, subpart 2 (including Monthly Caseworker Visit grants) cannot be more than ten percent of title IV-B, subpart 2 expenditures. Allowable costs for title IV-B, subpart 2 may include, but are not limited to procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing. Allowable costs may also include indirect costs allocable in accordance with the agency's approved cost allocation plan (45 CFR 1357.32(h)).

Enter the estimated amount of PSSF funds to be spent in the following categories:

a) Family Preservation Services;

b) Family Support Services;
c) Family Reunification Services;
d) Adoption Promotion and Support Services;
e) Other Service-Related Activities (e.g. planning); and,
f) Administration. States are limited to a maximum of 10% of their PSSF request for administrative costs. A warning displays if the amount entered is greater than 10% of the requested amount. Tribes can disregard this warning, as the 10% maximum for administrative funds does not apply to them.

9. Monthly Caseworker Visit title IV-B, subpart 2 funds *(applies to STATES only)***:** Enter the amount of title IV-B, subpart 2 Monthly Caseworker Visit (MCV) funds the state plans to spend.

a) Enter the estimated amount of funds to be spent on administration. This cannot exceed 10% of the total MCV request entered on line 9a. A warning displays if the amount entered is greater than 10% of the requested amount. The amount reported in 9a is a subset of line 9.

10. Child Abuse Prevention and Treatment Act (CAPTA) *(applies to STATES only)***:** Enter the amount of CAPTA State Grant funds the state plans to spend.

11. Title IV-E John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) funds: Enter the amount of Chafee funds that the state or tribe plans to spend.

a) *At state or tribe option,* indicate the estimated amount of funds to be spent for room and board for eligible youth. The amount reported in 11a is a subset of line 11. This cannot exceed 30% of total the Chafee request entered on line 11. A warning displays if the amount entered is greater than 30% of the requested amount.

12. Title IV-E Funds Allotted under Section 477 for the Education and Training Vouchers (ETV) Program: Enter the amount of ETV funds that the state or tribe plans to spend.

13. Certification: This form must be signed, titled, and dated in the spaces provided. The signature and title of the official of the state agency, or Indian Tribal Organization, with authority to administer or supervise the administration of title IV-B, subparts 1 and 2 programs, Chafee and ETV programs, and, for states only, the CAPTA program, is required. By signing this form, the state/tribal official assures that the state/tribe will meet all applicable match requirements, and that the reported expenditures on Part III are accurate.

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

Optional for Tribes, Tribal Organizations, and Tribal Consortia

Important Note on Completing the CFS-101, Part II Form: This form has been designed to ensure compliance with Federal requirements to make electronic information posted on websites accessible to people with disabilities. The form includes cells in columns (A) through (H) that have been prepopulated with a dash (-). To report data in these columns, replace the dash (-) with the appropriate numeric dollar amount. A zero (0) entered will revert to a dash (-). Columns (I) through (L) have also been prepopulated with a dash (-). To report data for the cells in these columns, type over the dash (-) with the applicable information. If no information is being reported in a cell, the cell should not be changed in any way.

This form details the state or tribal agency's estimated (planned) expenditures on Child and Family Services programs, including the title IV-B programs, the Child Abuse Treatment and Prevention Act (CAPTA) State grant, the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) and Education and Training Vouchers (ETV) program for the next federal fiscal year. This information is an integral part of the Child and Family Services Plan and should be discussed *together* by the Children's Bureau Regional Office, State Agency Representatives, and Tribes as part of joint planning. States and tribes should estimate expenditures and other information in the category that best fits their programs.

Name of State or Indian Tribal Organization/Agency: No entry is needed. This field autofills from the CFS-101, Part I. Please verify that the entry is correct.

Estimated Expenditures:

Columns A-G. For each Federal program indicated in columns (A) through (G) for which the state or tribe requests funding, enter the amount estimated to be spent for each service/activity. These amounts are for internal budgeting and planning only. The amounts for any of the spending areas on the Part II for PSSF cannot exceed the amount of the request on the Part I. *Note: Column (G) [Title IV-E] refers to the title IV-E Foster Care, Adoption Assistance and Guardianship Assistance programs only.*

Note: Distribution of PSSF funds in column B on Part II autofills from the CFS-101, Part I. These formulas may be overwritten by entering a different amount in the specific cell and funds are being distributed to the training cells (B13, B14, and B16) or cell B17 for Caseworker Retention, Recruitment, and Training. The amounts in items B2-B6 should not exceed the amounts on Part I for items 7a-f.

Reminders for Columns A-G:

- Enter whole numbers only.
- Hardcode all numbers entered (no formulas).
- Break all links and references to other agency worksheets or workbooks.
- Do not round to the $ thousands or $ millions.

- If there is an amount other than "$0" in the "difference" row (line 20), the estimated expenditures in the service/activities must be adjusted.

Column H. **State, Local, Tribal, and Donated Funds**: Enter the estimated amount of state, local, tribal, and donated funds to be expended. Tribal funds received from the Bureau of Indian Affairs (BIA) for child welfare purposes should be entered in this column. Amounts entered in this column should reflect overall programmatic support of the child welfare program, and not only the required non-federal match. *This column is required to be completed.*

The following information must be provided in the CFSP/APSR and may be provided on the CFS-101 Part II or in the narrative of the CFSP/APSR. Mark the appropriate box for Item 21, Population Data, to indicate where this information can be found.

Columns I and J. **Estimated Number to be Served:** Estimate, as accurately as possible, the number of individuals and families to be served by service/activity with the total estimated funding indicated.

Column K. **Population to be Served:** Describe the population targeted for the designated services. Targeting may include a range of vulnerable populations such as:

- Children at imminent risk of placement;
- All children in foster care;
- Families with children returning home following placement;
- All eligible children, eligible children under 21 years, or eligible children requiring treatment;
- Families with a child abuse or neglect investigation;
- Children in contracted care; or
- Families in crisis.

Column L. **Geographic Area to be Served:** Indicate *both* the number and type of areas identified within the state or tribal lands where services are to be provided for each program. Areas may include specific regions, counties, cities, communities, census tracts, or neighborhoods. The area may also be identified as statewide or tribal lands. For example, if the agency is operating family preservation programs in six counties, indicate by noting "6 counties"; if the agency is operating 12 community-based family support programs, indicate by noting "12 communities".

Services/Activities:
For each of the services/activities listed, indicate in the appropriate columns the estimated expenditures by program, the estimated number of clients, a description of the population and the geographic area to be served.

1. **Protective Services**
2. **Crisis Intervention (Family Preservation)**
3. **Prevention and Support Services (Family Support)**
4. **Family Reunification Services**
5. **Adoption Promotion and Support Services**
6. **Other Service Related Activities**

7. **Foster Care Maintenance**
8. **Adoption Subsidy Payments**
9. **Guardianship Assistance Payments**
10. **Independent Living Services**
11. **Education and Training Vouchers**
12. **Administrative Costs:** No entry is needed. The amounts for title IV-B, subparts 1 and 2, and MCV will autofill from the entries on Part I.
13. **Foster Parent Training and Recruitment**
14. **Adoptive Parent Training and Recruitment**
15. **Child Care Related to Employment/Training**
16. **Staff and External Partners Training**
17. **Caseworker Retention, Recruitment & Training**
18. **Total:** No entry is needed. A formula has been entered to display the sum of lines 1 through 17 for each grant.

19. **Totals from Part I:** No entry is needed. The requested amount for each grant from the CFS-101, Part I will autofill in the respective columns.

20. **Difference:** No entry is needed. The field displays the difference of line 19 (amount entered on Part I) minus line 18 (total of lines on Part II) for each grant. If there is a number other than $0 on this line for any column, this means that the planned breakout of how funds are to be spent is different than the total amount entered on Part I for that program. Reduce or increase the amounts within the column accordingly to assure that the difference is $0 prior to submitting the CFS-101s to the Children's Bureau**.**

21. **Population Data:** Indicate where the population data can be found, either in columns I, J, K, and L on the Part II or in the CFSP/APSR narrative. This information is required for all CFSP/APSR submissions.

CFS-101, Part III Instructions: Expenditures for Title IV-B, Subparts 1 and 2, John H. Chafee Foster Care Program for Successful Transition to Adulthood, and Education and Training Voucher (ETV) Program

Optional for Tribes, Tribal Organizations, and Tribal Consortia

The CFS-101, Part III form captures information on the actual expenditures for the most recently closed grant award year. Federal funds for the programs identified above are awarded to states and tribes on a yearly basis but may be spent over a two-year period ending on September 30 of the year following the fiscal year for which they were awarded. The reporting year for the CFS-101 Part III, submitted with the FY 2027 APSR, is FY 2024 which had an expenditure period from October 1, 2023 to September 30, 2025. Therefore, any FY 2024 funds must have been obligated during that two-year period and subsequently reported on this form.

Important Note on Completing the CFS-101, Part III Form: This form has been designed to ensure compliance with Federal requirements to make electronic information posted on websites accessible to people with disabilities. The form includes cells in columns (A) through (H) that have been prepopulated with a dash (-). To report data in these columns, replace the dash (-) with the appropriate numeric dollar amount. A zero (0) entered will revert to a dash (-). Columns (I) through (L) have also been prepopulated with a dash (-). To report data for the cells in these columns, type over the dash (-) with the applicable information. If no information is being reported in a cell, the cell should not be changed in any way.

Reminders on completing the CFS-101, Part III:

- Enter whole numbers only.
- Hardcode all numbers entered (no formulas).
- Break all links and references to other agency worksheets or workbooks.
- Do not round to the $ thousands or $ millions.
- Columns B-E must be completed for CWS and PSSF by all grantees.

1. Name of State or Indian Tribal Organization/Agency: This autofills from the Part I. No entry is needed, but please verify that the information is correct. Make any corrections on the Part I.

2. Submission Type: Indicate if this is a new or revised expenditure report. A submission is "NEW" until signed by the Children's Bureau Central Office Official. A revision ("R") is an update to previously accepted CFS-101 Part III, based on changes to final expenditures (contact your Regional Office Program Specialist for information on submitting a revised Part III).

Column A. Expenditure Information: Enter the amount of actual expenditures for each of the programs for the reporting year. This information should reconcile with the final SF-425 reports for the reporting year.

For Tribes, if there were no expenditures for a grant awarded, please enter "no exp" in the applicable cell. This will resolve any question of form completion since a "$0" entry reverts to a dash, as explained in the box on the previous page.

3. Total title IV-B, subpart 1 (CWS) funds: Enter the actual expenditures of title IV-B, subpart 1 Federal Funds for the designated fiscal year for Child Welfare Services. The required 25% match should not be reflected on this form.

a) Enter the actual expenditures of title IV-B, subpart 1 funds for administration. This cannot not exceed 10% of the title IV-B, subpart 1 total Federal expenditures. A warning displays if the amount entered is greater than 10% of the total expended amount. The amount reported in 3a is a subset of line 3.

4. Total title IV-B, subpart 2 (PSSF) funds: The required 25% match should not be reflected on this form. States do not complete line 8.

For TRIBES only: If PSSF funding was received for the reporting year, Item 4 must be completed. Tribes have the option of entering expenditures on either line 4 OR lines 4a-f. Tribes are not required to provide the breakout for the use of funds but may opt to complete lines 4a-f. Note that the 'total' lines, line 4 and 4g, are not connected in any way.

4a-f. Breakout of title IV-B, subpart 2 (PSSF) funds: States must complete lines 4a–f. Completion of lines 4a-f is optional for tribes.

For the designated year, enter in the actual expenditures for:

a) Family Preservation Services;
b) Family Support Services;
c) Family Reunification Services;
d) Adoption Promotion and Support Services;
e) Other Service Related Activities (e.g. planning); and
f) Administrative costs. States' administrative costs cannot exceed 10% of the total expenditures for title IV-B, subpart 2. (*This limitation does not apply to tribes*.) A warning displays if the amount entered is greater than 10% of the total expended amount.

5. Total title IV-B subpart 2, Monthly Caseworker Visit (MCV) funds *(States only)***:** Enter the actual expenditures allotted for the designated fiscal year.

a) Enter the actual administrative expenditures for Monthly Caseworker Visit funds allotted (*States only*). Administrative costs cannot exceed 10% of the total expenditures for MCV. A warning displays if the amount entered is greater than 10% of the total expended amount. The amount reported in 5a is a subset of line 5.

6. John H. Chafee Program for Successful Transition to Adulthood (Chafee) funds: *At state/tribe option,* enter the actual expenditures of Chafee funds allotted for independent living activities for the designated fiscal year. The required 20% match should not be reflected on this form.

a) Enter the actual expenditures for room and board for eligible youth. Normally, states and tribes may spend no more than 30% of the Chafee grant for room and board expenditures. Amounts reported on the CFS-101 Part III for Chafee should reflect the actual amount of the grant spent for room and board for the regular grant only. The amount reported in 6a is a subset of line 6.

7. Education and Training Vouchers (ETV) Program: *At state/tribe option*, enter the actual expenditures of Education and Training Voucher funds allotted for the designated fiscal year. The required 20% match should not be reflected on this form.

Columns B - E. Population and Geographic Data: For each federal program listed in rows 3-7, as applicable, indicate as accurately as possible, the number of individuals and the number of families served[1], the population served[2], and the geographic area where services were provided[3]. *This information must be reported by all grantees on the CFS-101 Part III.*

Certification: The signature and title of the official of the state agency or Indian tribal organization with authority to administer or supervise the administration of title IV-B, subparts 1 and 2 programs, Chafee and ETV, and, for states only, MCV programs, on CFS-101 Part I certifies that all figures provided on this form are accurate.

Save and name all CFS-101 sets (PDF for all; Excel workbook for states) as: "State/Tribe name FY [year] CFS-101s" so that the name of the state or tribe submitting the file is clearly identified.

[1] Report, as accurately as possible, the number of clients served per service/activity for the amount of funds expended. Indicate the number of individuals **and** the number of families served as labeled in the column.

[2] Describe the population that has received the designated services. This may include a range of vulnerable populations such as children at imminent risk of placement, all children in foster care, families with children returning home following placement, all eligible children, eligible children under 21 years, or eligible children requiring treatment, families with a child abuse or neglect investigation, children in contracted care, and/or families in crisis.

[3] Indicate the number **and** type of areas identified within the State where services are to be provided for each program. Areas may include specific regions, counties, cities, reservations, communities, census tracts, or neighborhoods. The area may also be identified as statewide or tribal lands.

OMB Approval #0970-0426
Approved through XX/XX/XXXX

CFS-101 Reallotment: Request for Adjustment to Current Federal Fiscal Year Funding

SUBMIT to CB Regional Office Mailbox By MAY 15th

This reallotment request applies to the current fiscal year in which this form is signed by the grantee leadership.

1. Name of State or Indian Tribal Organization:		
1a. Name of Agency (Department/Division):		
2. Address: (insert mailing address in the rows below)		
3. Contact Name and Phone for Questions:		(111) 111-1111
4. Email address for grant award notices:		

REALLOTMENT REQUEST(S):

Complete this section for adjustments to current year awarded funding levels.

5. Identification of Surplus for Reallotment: Indicate the amount of current year allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program	ETV Program
$0	$0	$0	$0	$0

6. Request for additional funds in the current fiscal year (should they become available)**:**

CWS	PSSF	MCV *(States only)*	Chafee Program	ETV Program
$0	$0	$0	$0	$0

7. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above release or request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs. The signator 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 and that the state/tribe will meet all applicable match requirements.

Signature of State/Tribal Agency Official

Title

Date

CFS-101 Reallotment - INSTRUCTIONS

The "CFS-101 Reallotment" serves two purposes:

· Identifies current year funds that will not be used by a grantee to be returned to Administration for Children and Families (ACF)/ Children's Bureau (CB) for another grantee's use, and

· Requests additional funding, as available.

If returned or unexpended funds are available, ACF/Children's Bureau can reallot:

· The Stephanie Tubbs Jones Child Welfare Services (CWS) Program (title IV-B, subpart 1);

· The MaryLee Allen Promoting Safe and Stable Families Program (PSSF) (title IV-B, subpart 2):

· Monthly Caseworker Visit Funds (MCV);

· The Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) and;

· The Educational and Training Voucher Program (ETV Program).

To return and/or be awarded a portion of these returned/unexpended funds, ACF/CB must have a CFS-101 Reallotment request for the current year on file, submitted by May 15 of each year.

Submit the CFS-101 Reallotment as follows. The numbering below corresponds to the item numbers on the CFS-101 Reallotment form.

1) **Name of State or Tribal Organization:** Enter the state or tribal organization name

1a) **Name of Agency:** Enter the agency name (Department or Division).

2) **Address:** Enter the mailing address for the agency

3) **Contact Name and Phone:** Enter the name of the person completing the Reallotment and their phone

4) **Email address for grant award notices:** Notice of awards will be emailed to grantees. Enter the single email address to which award notices should be mailed.

Reallotment Requests: A state may identify funds to release for one or more programs and request funds for other programs on a single CFS-101 Reallotment form.

5) **Identification of Surplus Funds for Reallotment:** In the appropriate cells, enter the amount of federal CWS, PSSF, MCV, Chafee, and/or ETV funds that the state or tribe will not utilize in the current year and is returning to ACF/CB.

6) **Request for additional funds from Reallotment:** In the appropriate cells, enter the amount of additional federal CWS, PSSF, MCV, Chafee and ETV funds that the state or tribe is requesting, should additional funds become available. *Grantees should remember that a 25% state or tribal non-federal match will be required for the additional funds received under CWS, PSSF and MCV; a 20% state or tribe non-federal match will be required for the additional funds received under Chafee and ETV.*

7) **Certification:** This form must be signed, titled, and dated in the spaces provided. The signature and title of the official of the state agency, or Indian Tribal Organization, with authority to administer or supervise the administration of title IV-B, subparts 1 and 2 programs, Chafee and ETV programs is required. For a request for additional funds, by signing this form, the grantee official assures that the state/tribe will meet all applicable match requirements.

Save and name the file: "State/tribal organization name FY [year] Reallotment" with the name of the state or tribe submitting the file clearly identified. Submission of a standalone document will ensure a timely review and submission of the request to the Children's Bureau. Submission of the Excel version of a reallotment is not required.

A reallotment request may be submitted to the grantee's respective Children's Bureau Regional Office resource mailbox, cbregionXX@acf.hhs.gov (regions 1-10), at any time **prior to or on May 15th annually**.