

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____

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| 1. State or Indian Tribal Organization (ITO): | 2. EIN: |
| 3. Address: | 4. Submission: [] New [] Revision |
| 5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds | \$ |
| a) Total administration (not to exceed 10% of estimated allotment) | \$ |
| 6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f. | \$ |
| 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) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment) | \$ |
| 7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY) | \$ |
| a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment) | \$ |
| 8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations: | |
| a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$_____, PSSF \$_____, and/or MCV_____. | |
| b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$_____, PSSF \$_____, and/or MCV_____. | |
| 9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY) | \$ |
| 10. Estimated Chafee Foster Care Independence Program (CFCIP) funds | \$ |
| a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment) | \$ |
| 11. Estimated Education and Training Voucher (ETV) funds | \$ |
| 12. Re-allotment of CFCIP and ETV Program Funds: | |
| a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program | \$ |
| b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program | \$ |
| c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program | \$ |
| d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program | \$ |
| 13. 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 Children's Bureau, for the Fiscal Year ending September 30, 20____. | |
| Signature and Title of State/Tribal Agency Official | Signature and Title of Central Office Official |
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