

ACF Administration for Children and Families	DEPARTMENT OF HEALTH, EDUCATION AND WELFARE Administration for Children, Youth and Families	
	Log No.: ACYF-CB-(CWSSG) AT 80-03	Issuance Date: April 21, 1980
	Originating Office: Office of Human Development Services, Children's Bureau	

ACTION TRANSMITTAL

TO: STATE ADMINISTRATORS OF STATE PUBLIC WELFARE AGENCIES, CHILD WELFARE SERVICES STATE GRANT PROGRAM

SUBJECT: Reallotment of Fiscal Year 1980 Child Welfare Services Funds

BACKGROUND: In compliance with Code of Federal Regulations 45-220.84 "Reallotment of Funds", it is required that the amount of any allotment to a State for the fiscal year, which the State certifies will not be required for carrying out its State plan, shall be available for reallotment to other States.

Based on the amount of excess funds made available and the number of States expressing a need for additional funds, a tentative reallotment will be made to such States.

ATTACHMENT: A table indicating each State's allotment, awards to date, and balance available is attached for your information. Also attached is a form letter to be completed for purposes of determining amounts available for reallotment to other States.

ACTION REQUIRED: It is requested that each State and Territory complete the attached form letter and submit to the appropriate ACYF Regional Office. It is important that this information be submitted so that it is received in Central Office no later than May 25, 1980. Requests received after that date will not be considered for purposes of reallotment.

INQUIRIES TO: Regional Program Directors, ACYF signed:

John A. Calhoun,
Commissioner
Administration for Children, Youth and Families

Attachments:

[Attachment I:](#) Table indicating each State's allotment, awards to date, and balance

[Attachment II:](#) Form Letter

**Table of States Allotments, Awards and Balances
Fiscal Year 1980**

	State Allotments	Federal Awards	Balance
Alabama	1,170,373	877,779	292,594
Alaska	140,369	70,185	70,184
Arizona	711,373	533,529	177,844
Arkansas	711,841	355,920	355,921
California	4,437,530	3,328,148	1,109,382
Colorado	690,997	518,247	172,750
Connecticut	635,492	317,746	317,746
Delaware	190,486	95,243	95,243
District of Columbia	172,817	86,408	86,409
Florida	1,931,528	482,882	1,448,646
Georgia	1,512,822	1,134,613	378,209
Guam	130,054	0	130,054
Hawaii	264,042	198,030	66,012
Idaho	331,635	248,727	82,908
Illinois	2,350,909	1,175,454	1,175,455
Indiana	1,395,589	1,046,691	348,898
Iowa	751,739	563,802	187,937
Kansas	582,788	437,091	145,697
Kentucky	1,045,459	784,095	261,364
Louisiana	1,292,118	969,087	323,031

Maine	374,495	270,811	103,684
Maryland	926,979	695,235	231,744
Massachusetts	1,266,381	949,785	316,596
Michigan	2,169,185	2,169,185	0
Minnesota	1,019,050	764,288	254,762
Mississippi	912,875	456,436	456,439
Missouri	1,230,412	922,809	307,603
Montana	282,915	212,187	70,728
Nebraska	443,837	332,877	110,960
Nevada	209,613	157,210	52,403
New Hampshire	289,261	216,756	72,505
New Jersey	1,460,550	1,095,413	365,137
New Mexico	449,832	337,374	112,458
New York	3,593,790	2,695,343	898,447
North Carolina	1,580,246	1,185,185	395,062
North Dakota	240,022	180,016	60,006
Northern Marianas	80,796	0	80,796
Ohio	2,578,786	1,934,090	644,696
Oklahoma	798,900	599,175	199,725
Oregon	628,375	314,188	314,187
Pennsylvania	2,601,209	1,300,604	1,300,605
Puerto Rico	1,780,536	1,335,402	445,134
Rhode Island	278,039	208,529	69,510

South Carolina	952,550	714,414	238,136
South Dakota	264,989	198,741	66,248
Tennessee	1,266,699	950,023	316,676
Texas	3,449,473	2,587,104	862,369
Utah	526,578	394,934	131,644
Vermont	203,480	152,610	50,870
Virgin Islands	120,945	90,708	30,237
Virginia	1,262,983	947,233	315,750
Washington	869,241	434,620	434,621
West Virginia	566,221	424,665	141,556
Wisconsin	1,200,411	900,308	300,103
Wyoming	170,385	127,788	42,597
	39,479,722	17,020,278	

Form letter

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF THE SECRETARY
Washington, D.C. 20201

Date:

Dear _____ :

I certify that the full allotment to the State of _____ is required for carrying out the State plan for Fiscal Year 1980.

Of the full allotment to the State of _____ I certify that \$ _____ will not be required for carrying out the State plan for Fiscal Year 1980.

I certify that the State of _____ will be able to use \$ _____ in excess of the State's allotment for carrying out the State plan for Fiscal Year 1980.

Signature of State Certifying Officer