

**U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES  
Administration on Children, Youth and Families  
Children's Bureau**

**State Annual Maintenance of Effort (MOE) Report**

<b>State:</b>	<b>FFY:</b>
<b>Baseline Year:</b>	
<b>Baseline Amount: \$</b>	
<b>Total Expenditures for Most Recent FFY:</b>	

<p><b>This certifies that the information on this form is accurate and true to the best of my knowledge and belief.</b></p> <p><b>This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.</b></p>
Signature, Approving Official:
Typed Name, Title, Agency:
Date: