2014 ALABAMA

Attachment A
General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.
See TANF State Plan Section II.G.2.

2. A description of the transitional services provided to families no longer receiving assistance due to employment.
Short-term Employment Aid (SEA): a. Referrals to Job Clubs led by DHR staff and/or other community or faith based organizations that focus on job retention skills; b. Individualized help with problem solving and removal of work-related barriers, such as developing and/or arranging back-up plans for child care; c. Intervention with an employer before a client is terminated from a job; d. Referral to community resources for emergency aid, assistance with budgeting, and income tax preparation; e. Referral to coaches/mentors for on-going assistance in adapting to rigors and increased expectations of the work environment; f. Help with career planning and advancement; g. Referral to counseling/treatment programs for substance abuce, domestic violence, or making other good life choices; h. Counseling on family planning resources and referral to the Health Department or other provider; i. Provision of information and explanation about Earned Income Tax Credit (EITC); j. Referrals to the Child Support Program, Alabama Medicaid Agency, SNAP and Family Services Program as appripriate; k. Purchase of automobile repair services (the amount paid may not exceed $350; l. Provision of cost of clothing, tools, or work-related training expenses which would allow the client to retain or begin confirmed employment; m. Purchase of transportation services; n. Payment for alcohol or drug counseling/treatment, excluding medical expense; o. Driver's license fees and/or training; and/or p. Referral for Transitional Child Care (TCC) costs.

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.
See TANF State Plan Section II.C.1.

4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:

i. Licensed/regulated in-home child care: 0

ii. Licensed/regulated family child care: 0

iii. Licensed/regulated group home child care: 0

iv. Licensed/regulated center-based child care: 0

v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 0

vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0

vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0

viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0

ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0

x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0

xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0

5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.
See TANF State Plan Section III.G. Number of good cause domestic violence waivers: JOBS -8 (Average monthly #)

6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:

i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;

ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.
i. Short-term Employment Aid (SEA) Same as identified in 2. above. 1. Criteria - These services may be provided to clients as stated above regardless of the age of the client. However, if the client is age 19 or older, s/he must be the parent of a child under age 19 at the time of the request. Services k. through o. in 2. above may be provided for a particular expense for up to four months per incident of need. An incident of need is when an event or crisis occurs causing the client to be temporarily unable to afford the expense(s). The maximum amount allowable per incident of need is $150 for services l. through o. in 2. above. 2. General Criteria Services a. through j. in 2. above may be provided upon request to any client (including a child). There is no restriction on the last date the financial assistance was received. However, if the client is age 19 or older, s/he must be the parent of a child under age 19 and the family's gross income must be under 200% of the federal poverty level for the family's size. Services k. through o. may be provided to any client who is either currently employed or has an offer of employment and meets one or more of the following conditions: - Is a former financial assistance recipient who received assistance in the last 12 months; - Is a former financial assistance recipient who last received assistance more than 12 months ago and whose family income is less than 200% of the federal poverty level; - Is a financial assistance applicant who

is employed at the time of the FA application and whose income is below 200% of the federal poverty level, an unemployed financial assistance applicant who obtains a job while in applicant status, or a financial assistance recipient; - Is a participant in the TANF Domestic Violence Program. ii. N/A iii. Information and Referral - All denial and termination notices provide information regarding medicaid, child support, and transitional childcare. In addition, JOBS case managers attempt to contact each client who is terminated from FA to provide information/referral regarding possible eligibility for SEA supportive services, EITC, medicaid and SNAP.

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.
See TANF State Plan Section II.G.3.

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):
See TANF State Plan Section II.I.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):
See TANF State Plan Section II.I.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 20

2014 ALABAMA

Annual Report on State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-12 Item 11:

Program did not exist in 1995.

Annual Report on State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-13 Item 11:

Not a government entity.

Annual Report On State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-10, Item 11:

Amount reported in Item 7 is the amount above 1995 level

Annual Report On State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-9, Item 11:

Not a government entity.

Annual Report On State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-8, Item 11:

Not a government entity.

Annual Report On State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-5, Item 11:

This program did not exist in 1995.

Annual Report on State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-2, Item 11:

Program did not exist in this entity in 1995.

Annual Report on State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-4, Item 11:

Not a government entity.

Annual Report on State Maintenance-of-Effort Programs: ACF 204

Additional Entry to Attachment B-2, Item 11:

Program did not exist in this entity in 1995.

2014 ALABAMA

Attachment B 1
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Non-Assistance Programs: Includes the following benefits/services and associated administrative and/or system activities: A. Work Related activities/expenses B. Child Care Subsidy C. Transportation D. Other (Includes Emergency Assistance and family intervention protective services).

2. Description of the Major Program Benefits, Services, and Activities:
A. Work Related Activities/Expenses: On-the-Job Training, Job Search, Job Readiness, Preparation for Employment Program (PREP), Community Service Employment Program (CEMP), Vocational Education, Individual Business Entrepreneurial Activities, Educational Activities to include but not limited to, secondary education, GED, literacy training and college. B. Child Care Subsidy: Child care subsidy for children. C. Transportation: Reimbursement for transportation expenses for clients engaged in an approved JOBS activity. D. Emergency Assistance: Payment for shelter, foster care and emergency living expenses. Information and referral, case planning and case management, counseling, support activities, and health care and health maintenance activities.

3. Purpose(s) of Benefit or Service Program:
- To enable Family Assistance clients to engage in work and/or training activities; - To enable families to maintain suitable employment and/or to engage in other educational or training activities leading to employment; - To protect children from actual, threatened or potential abuse or neglect; - To enable minor parents to remain in school and thereby avoid long-term welfare dependency; - To promote quality child care services through a variety of quality enhancement initiatives; - To alleviate family emergencies and normalize family functioning.

4. Program Type. (Check one)
- (●) **TANF**
- ( ) **State**

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $38,409,801

7. Total State MOE Expenditures under the Program for the Fiscal Year: $38,409,801

8. Total Number of Families Served under the Program with MOE Funds: 10,727

This last figure represents (Check one):
- (●) **The average monthly total for the fiscal year.**
- ( ) **The total served over the fiscal year.**

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
A. Work Related Activities: Refer to Alabama's TANF State Plan B. Child Care: Available to FA JOBS clients who are employed or who are required to participate in other JOBS activities in accordance with the client's Family Responsibility Plan and/or as a condition of FA eligibility. C. Other Supportive Services: Individuals are eligible for JOBS Supportive services provided they are current or former Family Assistance recipients. D. Refer to Alabama's TANF State Plan.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- (●) **Yes**
- ( ) **No**

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 2
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Ending Violence Effectively Now (EVEN) Program

2. Description of the Major Program Benefits, Services, and Activities:
Group meetings held each week for 2 hours for a total of 19 weeks. Each group has two facilitators, one male and one female. The goals of the meetings are to: - Increase safety for domestic violence victims - Give families communication tools so that marriages are sustained - Help participants understand that acts of violence and abuse of power are means of controlling their victims - Help participants explore factors in their lives that might have led to their behavior - Help participants understand that abusive behavior is a choice for which they must take responsibility.

3. Purpose(s) of Benefit or Service Program:
To end family violence and encourage healthy marriages.

4. Program Type. (Check one)
- ○ **TANF**
- ◉ **State**

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $32,500

7. Total State MOE Expenditures under the Program for the Fiscal Year: $32,500

8. Total Number of Families Served under the Program with MOE Funds: 164

This last figure represents (Check one):
- ○ **The average monthly total for the fiscal year.**
- ◉ **The total served over the fiscal year.**

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Participants must be male and must admit their behavior. Participants must pay a $440 participation fee. Healthy Marriage Activity.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ **Yes**
- ◉ **No**

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 3
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Alabama Alliance of Boys and Girls Clubs

2. Description of the Major Program Benefits, Services, and Activities:
After school programs focusing on youth leadership, mentoring, life skills, parenting, educational enhancement.

3. Purpose(s) of Benefit or Service Program:
Promote healthy marriage and prevent unwed teen pregnancy, promote fatherhood, pro-family activities.

4. Program Type. (Check one)
- ○ **TANF**
- ◉ **State**

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $8,050,000

7. Total State MOE Expenditures under the Program for the Fiscal Year: $8,050,000

8. Total Number of Families Served under the Program with MOE Funds: 30,000

This last figure represents (Check one):
- ○ **The average monthly total for the fiscal year.**
- ◉ **The total served over the fiscal year.**

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Eligible Families have incomes less than 300% of federal poverty level by family size.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ◉ **Yes**
- ○ **No**

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 4
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Nurse Family Partnership Program

2. Description of the Major Program Benefits, Services, and Activities:
Provides support, education and services in areas related to the mother and child's health, development, behavior and self sufficiency.

3. Purpose(s) of Benefit or Service Program:
Promote healthy marriage and prevent unwed teen pregnancy.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $517,779

7. Total State MOE Expenditures under the Program for the Fiscal Year: $517,779

8. Total Number of Families Served under the Program with MOE Funds: 105

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Must be first time pregnant women with incomes less than 133% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ Yes
- ◉ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 5
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Pre-Kindergarten Programs

2. Description of the Major Program Benefits, Services, and Activities:
Pre-school education and readiness

3. Purpose(s) of Benefit or Service Program:
To prepare children for school environment to promote school attendance for improved life prospects.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $24,000,000

7. Total State MOE Expenditures under the Program for the Fiscal Year: $18,556,436

8. Total Number of Families Served under the Program with MOE Funds: 4,539

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Eligible families are determined based on receipt of other needs based benefits/services as a percentage of the total participating families.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ Yes
- ◉ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 6
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Food Distribution Program

2. Description of the Major Program Benefits, Services, and Activities:
Non-recurrent, short term benefit in the form of emergency food assistance to needy families with children.

3. Purpose(s) of Benefit or Service Program:
Maintain needy children in their own home.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $74,937,365

7. Total State MOE Expenditures under the Program for the Fiscal Year: $31,550,428

8. Total Number of Families Served under the Program with MOE Funds: 92,625

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Family Income below 185% of poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ◉ Yes
- ○ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 7
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Catholic Centers of Concern

2. Description of the Major Program Benefits, Services, and Activities:
Non-recurrent, short term benefit in the form of a one-time payment to families for food, clothing, shelter and medical assistance and counseling regarding economical family stability issues.

3. Purpose(s) of Benefit or Service Program:
Maintain needy children in their own home.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $2,253,000

7. Total State MOE Expenditures under the Program for the Fiscal Year: $2,253,000

8. Total Number of Families Served under the Program with MOE Funds: 92,612

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Eligible families have incomes less than 100% of federal poverty levels by family size.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ◉ Yes
- ○ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 8
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
211 Connects Alabama

2. Description of the Major Program Benefits, Services, and Activities:
Information and Referral Services.

3. Purpose(s) of Benefit or Service Program:
To connect needy individuals and families with public services by providing information and referral.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $919,400

7. Total State MOE Expenditures under the Program for the Fiscal Year: $781,490

8. Total Number of Families Served under the Program with MOE Funds: 189,848

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Eligible families have income less than 300% of the federal poverty level and represent a percentage of the total individuals/families served.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ Yes
- ◉ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 9
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
East Alabama Foster Grandparents Program

2. Description of the Major Program Benefits, Services, and Activities:
Provides mentoring and academic tutoring for children identified by the schools in the service area.

3. Purpose(s) of Benefit or Service Program:
Prepare for and maintain school readiness and success.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $358,854

7. Total State MOE Expenditures under the Program for the Fiscal Year: $358,854

8. Total Number of Families Served under the Program with MOE Funds: 286

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Eligible families having income less than 300% of the federal poverty level by family size living in the area served.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ Yes
- ◉ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 10
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Child Abuse and Neglect Prevention Programs/Children's Trust Fund

2. Description of the Major Program Benefits, Services, and Activities:
School-based programs; non-school based/after school programs; parent education and support, respite, home visitation and mentoring.

3. Purpose(s) of Benefit or Service Program:
To maintain and strengthen two-parent families by offering services in item 2 to at risk families.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $2,493,262

7. Total State MOE Expenditures under the Program for the Fiscal Year: $2,493,262

8. Total Number of Families Served under the Program with MOE Funds: 17,057

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Must be families and/or individuals who are at risk of child abuse and/or neglect. Eligible families have annual income under 300% of the federal poverty level by family size.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ Yes
- ◉ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 11
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
William Mason Emergency Fund

2. Description of the Major Program Benefits, Services, and Activities:
Non recurrent short term benefits to individuals and families for emergencies such as utility and medical assistance.

3. Purpose(s) of Benefit or Service Program:
Maintain needy children in their own home through family supports.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $8,357

7. Total State MOE Expenditures under the Program for the Fiscal Year: $1,075

8. Total Number of Families Served under the Program with MOE Funds: 12

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Eligible families have incomes less than 300% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ◉ Yes
- ○ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 12
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Alabama Healthy Marriage and Relationship Education Initiative

2. Description of the Major Program Benefits, Services, and Activities:
Provides information/referral services for engaged or married couples; provides written materials; provides information to identify domestic violence, resources and data collection.

3. Purpose(s) of Benefit or Service Program:
Promote healthy marriage and responsible fatherhood.

4. Program Type. (Check one)
- ○ **TANF**
- ◉ **State**

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $33,075

7. Total State MOE Expenditures under the Program for the Fiscal Year: $33,075

8. Total Number of Families Served under the Program with MOE Funds: 1

This last figure represents (Check one):
- ○ **The average monthly total for the fiscal year.**
- ◉ **The total served over the fiscal year.**

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Not applicable, pro-family

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ **Yes**
- ◉ **No**

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

2014 ALABAMA

Attachment B 13
Grantee Information

State ALABAMA	Fiscal Year2014

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:
Disaster Response and Recovery

2. Description of the Major Program Benefits, Services, and Activities:
Repair and rebuild homes that were damaged or destroyed as a result of severe weather/storms.

3. Purpose(s) of Benefit or Service Program:
Keep children and families in their homes by restoring family stability through physical repair of destroyed or damaged homes.

4. Program Type. (Check one)
- ○ TANF
- ◉ State

5. Description of Work Activities (Complete only if this program is a separate State program):
NONE

6. Total State Expenditures for the Program for the Fiscal Year: $607,217

7. Total State MOE Expenditures under the Program for the Fiscal Year: $303,608

8. Total Number of Families Served under the Program with MOE Funds: 140

This last figure represents (Check one):
- ○ The average monthly total for the fiscal year.
- ◉ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
Served families with incomes at 300% or less of federal poverty guidelines whose homes were impacted by weather.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- ○ Yes
- ◉ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): $0

Certification
Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature E-sign

NameJuanita N. Fletcher

TitleProgram Supervisor

Date Submitted12/15/2014

Approved OMB No. 0970-0248 Form ACF-204, expires 08/31/2015.