

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.

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

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.

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.

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.

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.

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):

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

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 0

Attachment B Part Time Student Grant Program
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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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:
Part Time Student Grant Program Grantee Information

2. Description of the Major Program Benefits, Services, and Activities:
This is a financial assistance program designed to provide support for students taking at least six (6) but no more than twelve (12) hours of college classes per semester.

3. Purpose(s) of Benefit or Service Program:
End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

4. Program Type. (Check one)
 TANF State

5. Description of Work Activities (Complete only if this program is a separate State program):
N/A as this is a non-assistance program.

6. Total State Expenditures for the Program for the Fiscal Year: \$5,386,914

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,121,035

8. Total Number of Families Served under the Program with MOE Funds: 1,319

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:
This program will provide financial assistance to students whose family's income is less than 250% of the federal poverty level. Eligible students must be either: a) a parent with a dependent child; or b) a dependent student less than twenty-four (24) years of age who has a custodial parent or caretaker (even if the student lives apart from the parent or caretaker).

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

Attachment B Child Care Assistance
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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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 Care Assistance

2. Description of the Major Program Benefits, Services, and Activities:
Subsidized child care for low-income families.

3. Purpose(s) of Benefit or Service Program:
The program's purpose is to help the parent and related caretakers of children under the age of 13 participate in employment or employment related activities.

4. Program Type. (Check one)
 TANF State

5. Description of Work Activities (Complete only if this program is a separate State program):
There are no work activities as this is not an assistance program.

6. Total State Expenditures for the Program for the Fiscal Year: \$164,694,222

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$15,356,947

8. Total Number of Families Served under the Program with MOE Funds: 2,612

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:
TANF and CCDF funds are combined and administered as one program. Eligibility is consistent with the CCDF eligibility policies. Financial eligibility is based upon 141% of the Federal Poverty Guidelines. However once qualified a family can continue to receive assistance until the family's income exceeds 180% of the Federal Poverty Guidelines.

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

Attachment B Individual Development Accounts
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Individual Development Accounts</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Qualified individuals receive state funds which match their contributions to Individual Development Accounts (IDA). The State match is three times the amount deposited by the individual up to \$900 per year.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A as this is a non-assistance program</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$931,733</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$381,896</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 428</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Contributions to the IDA are provided for families with dependent children who receive public assistance or have incomes less than 150% of the federal poverty level.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Earned Income Tax Credit
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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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:
Earned Income Tax Credit

2. Description of the Major Program Benefits, Services, and Activities:
The benefit under his program is a refundable tax credit. The credit is equal to three and four-tenths percent (3.4%) of \$12,000 minus the amount of the individual's Indiana total income. If the credit amount exceeds the taxpayer's adjusted gross income tax liability for the taxable year, the excess will be refunded to the taxpayer. The refunded amount is considered towards the State's TANF maintenance of effort requirements.

3. Purpose(s) of Benefit or Service Program:
Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

4. Program Type. (Check one)
 TANF State

5. Description of Work Activities (Complete only if this program is a separate State program):
N/A as this is a non-assistance program

6. Total State Expenditures for the Program for the Fiscal Year: \$32,088,241

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$32,088,241

8. Total Number of Families Served under the Program with MOE Funds: 425,907

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:

This tax credit is available to an individual who, in a year, has at least one qualified child and total annual income less than \$12,000 of which 80% or more is derived from earnings.

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

Attachment B First Steps – Early Intervention (Medical)
Grantee Information

State INDIANA

Fiscal Year 2010

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:

First Steps – Early Intervention (Medical)

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

First Steps provides non-medical services with federal TANF dollars and provides medical services with state TANF MOE dollars. First Steps - Early Intervention (Non-Medical) Included under the non-medical category with federal funds are direct intervention for the following service categories: Developmental Therapy (special instruction), Service Coordination (case management), and Nutrition Services. First Steps - Early Intervention (Medical) Included under the medical category with state dollars are Evaluation/Assessment activities in the following service areas: Audiology, Health Services, Medical, Nursing, Occupational Therapy, Physical Therapy, Psychology, Speech Therapy, and Vision. Included under the medical category are Direct Child Treatment in the following service areas: Audiology, Health, Occupational Therapy, Physical Therapy, Psychology, Speech Therapy, Transportation and Vision.

3. Purpose(s) of Benefit or Service Program:

Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

4. Program Type. (Check one)

TANF State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A as this is a non-assistance program
<u>6. Total State Expenditures for the Program for the Fiscal Year: \$23,800,845</u>
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year: \$10,663,222</u>
<u>8. Total Number of Families Served under the Program with MOE Funds: 6,522</u>
<u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Medical services will be provided to children under age 3 who are living with a parent or eligible relative with family income under 250% of the Federal Poverty Guidelines. First Steps eligibility is established without regard to the child's Medicaid eligibility.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0</u>

Attachment B Textbook Reimbursement Program
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Textbook Reimbursement Program</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> The State of Indiana provides payment for the elementary and secondary school textbook rental fee of low-income families.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A as this is a non-assistance program</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$38,002,143</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,475,328</p>
<p><u>8. Total Number of Families Served under the Program with MOE</u></p>

Funds: 375,945
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> This program is for TANF eligible children of families whose income is less than 185% of the federal poverty level.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$7,526,815</p>

Attachment B Feeding Indiana's Hungry (FIsh)
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Feeding Indiana's Hungry (FIsh)</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Feeding Indiana's Hungry, Inc. (FIsh) includes the value of food and volunteer time of Indiana's Food Banks to distribute food through food pantries to families with children 18 years of age or younger. Based on socio-demographic data captured for Hunger in America 2010 by Mathematica Policy Research, Inc., 39% of the total value of food and associated costs of Food Bank (FIsh) operations for each fiscal year were claimed for families with children younger than age 18 at or below 185% of poverty.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>

<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> There are no work activities associated with this program.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$14,613,145</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$8,240,661</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 92,408</p> <p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> See the Community Based Services explanation in the TANF State Plan.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Community Economic Relief Fund (CERF)
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Community Economic Relief Fund (CERF)</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> United Way of Central Indiana created a Community Economic Relief Fund (CERF) and issued grants to nearly 50 community organizations to provide short-term direct assistance that stabilizes families, prevents homelessness or disruptions in employment, including food, housing, utilities, transportation, medical or child care or other interventions that keep families working and stable.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>

<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> There are no work activities associated with this program.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$935,414</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$935,414</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 15,259</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> See the Community Based Services explanation in the TANF State Plan.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Township Trustee Assistance
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Township Trustee Assistance</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Township Assistance is the value of emergency benefits provided by Indiana townships to help families with housing, utilities, food, health care, funerals, burials and other individualized supportive benefits, until regular TANF, SNAP, Medicaid and public housing benefits are provided.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p>

4. Program Type. (Check one) <input type="radio"/> TANF <input checked="" type="radio"/> State
5. Description of Work Activities (Complete only if this program is a separate State program): There are no work activities associated with this program.
6. Total State Expenditures for the Program for the Fiscal Year: \$15,880,072
7. Total State MOE Expenditures under the Program for the Fiscal Year: \$4,517,393
8. Total Number of Families Served under the Program with MOE Funds: 39,591 This last figure represents (Check one): <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services: See the Community Based Services explanation in the TANF State Plan.
10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input type="radio"/> Yes <input checked="" type="radio"/> No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$11,362,679

Attachment B Charity Care – Wishard Memorial Hospital
Grantee Information

State INDIANA	Fiscal Year 2010
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Program Information

<u>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.</u>
1. Name of Benefit or Service Program: Charity Care – Wishard Memorial Hospital
2. Description of the Major Program Benefits, Services, and Activities: Emergency "charity care" health care services to non-Medicaid/SCHIP covered children and families below 250% of poverty provided through Wishard Memorial Hospital. Note – Wishard Memorial Hospital is a public hospital. Disproportionate Share Hospital Program (DSH) payments covered all unreimbursed charity care costs in 1995. To reflect this, we have entered \$1 in line 11 to acknowledge that this program existed in 1995 but that there

are no 1995 expenditures to report.
<u>3. Purpose(s) of Benefit or Service Program:</u> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
<u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> There are no work activities associated with this program.
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$20,673,268
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$9,923,169
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 51,815
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> See the Community Based Services explanation in the TANF State Plan.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input type="radio"/> Yes <input checked="" type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$1

Attachment B Charity Care – Clarian Health Partners
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<u>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.</u>
<u>1. Name of Benefit or Service Program:</u> Charity Care – Clarian Health Partners
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Emergency "charity care" health care services to non-Medicaid/SCHIP covered children and families below 250% of poverty provided through Ball Memorial Hospital and Bloomington Hospital.

<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> There are no work activities associated with this program.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$10,294,237</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$10,294,237</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 25,801</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> See the Community Based Services explanation in the TANF State Plan.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B Post-Secondary Education
Grantee Information

<u>State</u> INDIANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Post-Secondary Education</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u></p>

Provides post-secondary instruction, teaching and training to low-income, MOE eligible students.
<u>3. Purpose(s) of Benefit or Service Program:</u> TANF Purposes 1 and 2
<u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> There are no work activities associated with this program.
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$391,420,000
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$41,412,000
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 20,960
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> See the Community Based Services explanation in the TANF State Plan.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Certification
Certify:

<u>This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."</u>	
<u>Signature</u>	
<u>Name</u>	Jim Dunn
<u>Title</u>	
<u>Date Submitted</u>	07/27/2011

