

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.**

(1) Unsubsidized paid employment in the private or public sector; (2) Subsidized paid employment in the private or public sector, including employment through the state or federal work-study program for a period not to exceed twenty-four months; (3) Work experience, including: (a) An internship or practicum, that is paid or unpaid and is required to complete a course of vocational training or to obtain a license or certificate in a high demand field, as determined by the employment security department. No internship or practicum shall exceed twelve months; or (b) Work associated with the refurbishing of publicly assisted housing, if sufficient paid employment is not available; (4) On-the-job training; (5) Job search and job readiness assistance; (6) Community service programs; (7) Vocational educational training, not to exceed twelve months with respect to any individual; (8) Job skills training directly related to employment; (9) Education directly related to employment, in the case of a recipient who has not received a high school diploma or a GED; (10) Satisfactory attendance at secondary school or in a course of study leading to a GED, in the case of a recipient who has not completed secondary school or received such a certificate; (11) The provision of child care services to an individual who is participating in a community service program; (12) Internships, that shall be paid or unpaid work experience performed by an intern in a business, industry, or government or nongovernmental agency setting; (13) Practicums, which include any educational program in which a student is working under the close supervision of a professional in an agency, clinic, or other professional practice setting for purposes of advancing their skills and knowledge; (14) Services required by the recipient under RCW 74.08.025(3)1 and 74.08A.010(3)2 to become employable; and (15) Financial literacy activities designed to be effective in assisting a recipient in becoming self-sufficient and financially stable.

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

Medical Assistance • Up to 12 months of continuing Medical coverage for the entire family, i.e., an initial automatic 6-month certification followed by an additional 6-month certification if families are in compliance with required income reports and payment of premium obligations, if any. • Children's medical for families with incomes up to 200% of the Federal Poverty Level (FPL). Food Assistance • Food Assistance for families with incomes up to 200% of the FPL. Child Care Assistance • Child Care assistance (Working Connections Child Care) serving families with incomes up to and including 200% of the FPL. Support Services • Available to clients working 20 or more hours a week (or in Work Study 16-19 hrs.), the client is eligible to all support services for up to 6 months after leaving TANF. • Examples of Support Services include work clothing, work tools, car repair, and transportation. These services are designed to help client's keep their job or get a better job. A

complete list can be found in WAC 388-310-0800, WorkFirst—Support Services. Wage Progression • Career Services provides wage retention and progressions services for working families that have exited TANF or who receive Diversion Cash Assistance or Basic Food benefits.

**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.**

If a WorkFirst recipient refuses to engage in work and work activities required by the State, the State will apply a penalty. The family's grant is reduced by 40 percent or the non-compliant person's share, whichever is more. The family's grant is terminated after six months of non-compliance. Effective July 1, 2010, the families grant is terminated after 4 months of non-compliance.

**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.**

Victims of Domestic Violence (DV) are initially identified in TANF at client screening. This screening is completed on application, at any review, and when it appears domestic violence may be an issue. Cases are then referred to either a Domestic Violence Counselor, Domestic Violence Agency, or a Social Worker trained in DV issues for further evaluation. The DV Counselor then prepares a plan for that person to work on resolving the DV issues. The plan is included in the Individual Responsibility Plan (IRP), to the extent that confidentiality allows. If a person is working on resolving domestic violence issues it is documented in the automated system. In FFY 2010, 4,147 individuals participated in activities aimed at resolving DV. These clients were deferred from job search and work participation activities to

the extent that such activities would impede their ability to resolve DV.

**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.**

Diversion Cash Assistance (DCA) provides up to \$1,500 of emergency money to TANF and State Family Assistance-eligible families who are in crisis and have a bona fide need(s). Income and resource requirements for DCA are the same as the TANF program. The state has several policies that limit the frequency and duration of payments. A family may only receive DCA up to \$1,500 once within a 12-month period and only for bona fide needs such as rent payments, transportation, food or medical costs. The amount of DCA the family receives can not be more than the cost of the bona fide needs and must keep the family from going on TANF. The family has to have, or be likely to get, enough income or other resources that a reasonable person could expect the family to support themselves for at least twelve months. If a family applies for TANF or State Family Assistance within the 12-month period following receipt of DCA, the DCA payment is treated as a loan and the prorated dollar value of the diversion benefits is repaid from the TANF or State Family Assistance cash grant via a monthly deduction. Families that are eligible for DCA are treated in the same manner as TANF or State Family Assistance applicants in terms of their eligibility for Medicaid and Food Assistance. Washington State uses a unified application form for cash, Medicaid, and Food Assistance. Clients are advised of their eligibility for those benefits at the time of application.

**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.**

The Washington State Department of Social and Health Services has the lead responsibility for administering this provision. Washington's policy on displacement complaints is addressed by the following administrative rule, which was published in the State Register and is currently available on the internet: "What safeguards are in place to make sure I am not used to displace currently employed workers? The following safeguards are in place to make sure you are not used to displace currently employed workers: (a) You cannot be required to accept paid or unpaid employment which: (i) Results in another employee's job loss, reduced wages, reduced hours of employment or overtime or lost employment benefits; (ii) Impairs existing contracts for services or collective bargaining agreements; (iii) Puts you in a job or assignment, or uses you to fill a vacancy, when: (A) Any other person is on lay off from the same (or very similar) job within the same organizational unit; or (B) An employer ends the job of a regular employee (or otherwise reduces its workforce) so you can be hired. (iv) Reduces current employees' opportunities for promotions. (b) If a regular employee believes your

subsidized or unpaid work activity (such as a community jobs or work experience position) violates any of the rules described above, this employee (or his or her representative) has the right to: (i) A grievance procedure (described in WAC 388-426-0005); and (ii) A fair hearing (described in chapter 388-02 WAC)." WAC 388-310-1500(4) (2004).

**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):**

Washington State has a number of initiatives that address the third statutory purpose of TANF. These programs and activities enhance early development, promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings as adults, less reliance on social services as adults and fewer out-of-wedlock births. By providing early life training and supports, children develop valuable skills which lead to responsible life choices with regard to marriage and child birth. These choices can result in fewer unintended pregnancies as well as out-of-wedlock births. These are: 1. Family planning for non-Medicaid women up to 200% of the Federal Poverty Level. 2. The Department of Health's (DOH) Abstinence Education. 3. Family planning education is built into the WorkFirst program, which has a goal of 100 percent of adults referred. 4. The State Needs Grant (SNG). 5. The Early Childhood Education Assistance Program (ECEAP) 6. The Learning Assistance Program (LAP) 7. Full-Day Kindergarten 8. Navigation 101 9. Commerce Department Community Services 10. Seattle Foundation Programs 11. City of Seattle Human Services grants 12. Boys & Girls Clubs of King County 13. Big Brothers Big Sisters of Puget Sound 14. Girl Scouts of Western Washington 15. Lutheran Community Services

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

Washington has attempted to remove disincentives to marriage and the formation of two-parent families using the flexibility granted states under the TANF legislation. 1. Removal of two-parent family disincentives includes: a. Elimination of the 100-hour of employment rule (when the qualifying parent began working over 100 hours a month, regardless of wage, that parent was no longer considered to be unemployed and therefore the family was no longer eligible for assistance, even when that adult was not earning a sufficient wage to support the family. b. The unemployment for 30-days rule has been eliminated, i.e., the qualifying parent must be unemployed (working less than 100 hours per month) for 30-days prior to the date of application in order to be eligible for assistance. This meant that a parent working full-time and earning too little to support the family would not be eligible for assistance. c. The qualifying work quarter provisions for two-parent families has been eliminated. The work quarter rule was a complex two-step requirement to determine which parent would qualify the family for assistance. First, the wages of both parents were reviewed for the 24-month period prior to the month of application to determine which parent earned the highest wage. This parent was then designated the "qualifying parent" for the assistance unit. Second, after the qualifying parent was determined, the work history of that parent was reviewed to determine if that parent worked and earned at least \$50 in at least 6 out of the 13

quarters prior to the month of application. This condition had to be met in order for the family to qualify for assistance. The negative effect of these rules was to encourage families to split up in order for one parent and the children to qualify for assistance. 2. Work incentives to encourage employment and help sustain two-parent families include: a. Liberalized work incentives by disregarding one-half of the earnings for TANF clients to encourage employment. b. Support services for working families to help them achieve self-sufficiency and to end their dependence on public assistance programs. 3. The Working Connections Child Care program provides subsidized child care for families making the transition from welfare-to-work. As such, the program provides vital supports to help maintain two-parent working families.

**9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 4,283**

Attachment B 1 - Diversion Cash Assistance (DCA)  
Grantee Information

State WASHINGTON

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:**

Diversion Cash Assistance (DCA)

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

Diversion Cash Assistance (DCA) is a non-recurrent short term cash benefit for families that do not require on-going basic assistance. This diversion benefit is limited to \$1,500 in a 12-month period.

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

This program provides assistance to needy parents so that children may be cared for in their own homes, or the homes of relatives. In addition, this program is intended to reduce reliance on long-term cash assistance in those cases where the family does not need cash assistance. This program supports TANF purposes 1 and 2.

**4. Program Type. (Check one)**

TANF  State

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$12,604,625

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$12,604,625

**8. Total Number of Families Served under the Program with MOE Funds:** 724

**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:**

Income and resource standards are the same as the TANF cash assistance standards. The state has several policies that limit the frequency and duration of payments. A family may receive up to \$1,500 in DCA only once within a 12-month period and only for bona fide needs such as utility bills, rent payments, transportation, food or medical costs. The amount of DCA the family receives cannot be more than the cost of the bona fide needs and must keep the family from going on TANF. The family has to have, or be likely to get, enough income or other resources that a reasonable person could expect the family to support themselves for at least twelve months. If a family applies for TANF or State Family Assistance within the 12-month period following receipt of DCA, the DCA payment is treated as a loan and must be repaid from the TANF or State Family Assistance cash grant.

**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 2 - State Family Assistance (SFA)  
Grantee Information

State WASHINGTON

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:**

State Family Assistance (SFA)

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

State Family Assistance provides cash assistance for legal immigrant families made ineligible by the immigration provisions of P.L. 104-193. In addition, recipient families are eligible for all other benefits and services provided to federally-funded TANF recipients, including job search, support services, and education and training programs.

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

This program provides assistance to needy parents so that children may be cared for in their own homes, or the homes of relatives (TANF purpose 1). The program also promotes job preparation, work and marriage by making available the full range of family support and work activities available to recipients of federally-funded TANF (TANF purpose 2).

**4. Program Type. (Check one)**

TANF  State

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$4,228,537

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$4,228,537

**8. Total Number of Families Served under the Program with MOE Funds:** 1,414

**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:**

Income and resource standards are the same as the TANF cash assistance standards. The State Family Assistance Program is described in the Washington TANF State Plan on page I-9, in subsection D, subparagraph 8.a. General income and resource standards for TANF cash assistance are described in the Washington TANF State Plan at pages I-7 and I-8, in subsection D., Eligibility, Income and Resources.

**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 3 - Transfer to Tribal TANF Programs  
Grantee Information

<u>State</u> WASHINGTON	<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><b><u>1. Name of Benefit or Service Program:</u></b> Transfer of State Funds to Tribal TANF Programs</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> State law requires the transfer of a fair and equitable amount of state maintenance of effort funds to Tribal TANF programs once they are approved by the federal Department of Health and Human Services. [RCW 74.08A.040(4)]</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These funds may be used by Tribes to promote all four statutory purposes of TANF.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$2,470,318</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$2,470,318</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 1,987</p>
<p><b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year.   <input type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Eligibility will vary by Tribal TANF program. However, Washington State has adopted Tribal TANF grantee eligibility as its own for purposes of claiming these funds for maintenance of effort. See Washington's TANF State Plan on page I-11, under subsection F. Claiming Transfers to Tribal TANF as MOE.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 4 - Working Connections Child Care (WCCC)  
Grantee Information

<u>State</u> WASHINGTON	<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><b><u>1. Name of Benefit or Service Program:</u></b> Working Connections Child Care (CCDF Double-Count)</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Provide child care assistance to TANF families and low-income working families up to and including 200% of the Federal Poverty Level.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> This program provides subsidized child care for families making the transition from welfare-to-work. As such, the program accomplishes the first, second, and fourth TANF goals.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$46,457,642</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$46,457,642</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 38,604</p>
<p><b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year.   <input type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> To be eligible for Working Connections Child Care, clients must have incomes at or below 200% of the Federal Poverty Level.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 5 - TANF/WorkFirst  
Grantee Information

<u>State</u> WASHINGTON	<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><b><u>1. Name of Benefit or Service Program:</u></b> TANF/WorkFirst</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Cash assistance and self-sufficiency services to low-income families.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Provide cash assistance and self-sufficiency services for low-income families. TANF provides cash assistance; WorkFirst provides support services and activities to low-income families to enable them to find jobs, keep jobs, and become self-sufficient. This program supports TANF purposes 1 and 2.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$167,700,451</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$167,700,451</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 64,407</p> <p><b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year.   <input type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> See Washington's Temporary Assistance For Needy Families (TANF) State Plan for complete description of TANF/WorkFirst eligibility criteria.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 6 - State Needs Grant (SNG)  
Grantee Information

State WASHINGTON	Fiscal Year 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:**  
State Needs Grant

**2. Description of the Major Program Benefits, Services, and Activities:**  
State-funded grants to help low-income adults receive educational opportunities they would otherwise be unable to attain.

**3. Purpose(s) of Benefit or Service Program:**  
The State Need Grant program helps the state's lowest income undergraduate students pursue degrees, refine skills, and retrain for new careers. These educational activities enhance job skills, assist in the achievement of self-sufficiency, and provide needed skills necessary to find employment. These activities also provide valuable skills which lead to responsible life choices with regard to marriage and child birth. These choices can result in fewer unintended pregnancies as well as out-of-wedlock births. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

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

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$54,181,862

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$53,098,225

**8. Total Number of Families Served under the Program with MOE Funds:** 22,366

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:**  
Students must have family income equal to or less than 65% of the state median. Students with incomes equal to or less than 50% of the state median are eligible for up to 100% of the maximum grant. Students with family incomes between 51% and 65% of the state median are eligible for up to 75% of the maximum grant.

**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 7 - Career Services  
Grantee Information

State WASHINGTON	Fiscal Year 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:**  
Career Services

**2. Description of the Major Program Benefits, Services, and Activities:**  
State-funded basic needs payments, wage progression and job retention services available to working families that have exited TANF or who receive Diversion Cash Assistance or Basic Food benefits.

**3. Purpose(s) of Benefit or Service Program:**  
The WorkFirst career services program provides wage progression services, job retention services and basic needs payments to families working 30 or more hours per week. (a) Services include employment planning that will help families remain employed and increase wages. (b) Cash payments and bonuses are made monthly, for up to six consecutive. (c) Families may receive up to six hundred fifty dollars in cash payments and bonuses over the six-month period following TANF exit. This program supports TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for 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):**  
To be eligible, families must be working 30 or more hours per week.

**6. Total State Expenditures for the Program for the Fiscal Year:** \$4,652,315

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$4,652,315

**8. Total Number of Families Served under the Program with MOE Funds:** 3,540

**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:**  
Serves needy families with income at or below 200% of the Federal Poverty Level (FPL) for the 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

Attachment B 8 - ECEAP  
Grantee Information

State WASHINGTON

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:

Early Childhood Education Assistance Program (ECEAP)

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

State-funded program to help children from low-income families adults receive educational opportunities they would otherwise be unable to attain.

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

ECEAP is a comprehensive preschool program that provides free services and support to eligible children and their families. The goal of the program is to help ensure needy children enter kindergarten ready to succeed. This program is the state equivalent to Head Start. These activities enhance early development and promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings as adults, less reliance on social services as adults and fewer out-of-wedlock births. By providing early life training and supports, children develop valuable skills which lead to responsible life choices with regard to marriage and child birth. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

4. Program Type. (Check one)

TANF  State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$38,900,000

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$38,122,000

8. Total Number of Families Served under the Program with MOE Funds: 8,982

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:

Serves families with children who have income at or below 110% of the Federal Poverty Level (FPL).

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 9 - Learning Assistance Program (LAP)  
Grantee Information

<u>State</u> WASHINGTON	<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:**

Learning Assistance Program (LAP)

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

The Learning Assistance Program is a state-funded program to serve students with the greatest deficits in academic basic skills as identified by statewide assessments. This remedial education program created in response to poor performance on the Washington Assessment of Student Learning (WASL). Targeted to underperforming kids at risk of failing school. Programs provide additional educational support and instruction for struggling students in reading, math, and language arts.

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

Statewide remediation assistance; allocated to districts based on free and reduced price lunch percentages. These activities enhance early development, promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings as adults, less reliance on social services as adults and fewer out-of-wedlock births. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

**4. Program Type. (Check one)**

TANF    State

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

**6. Total State Expenditures for the Program for the Fiscal Year: \$127,900,000**

**7. Total State MOE Expenditures under the Program for the Fiscal Year: \$77,712,040**

**8. Total Number of Families Served under the Program with MOE Funds: 52,436**

**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:**

Serves children attending schools with the highest poverty levels based upon free and reduced price lunch eligibility rates. Expenditures are claimed for eligible children in families with income at or below 400% of the Federal Poverty Level (FPL) for the 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**

Attachment B 10 - Full-Day Kindergarten  
Grantee Information

State WASHINGTON

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:**

Full-Day Kindergarten

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

State-funded full day kindergarten intended to increase school readiness, improve student attendance and support literacy and language development. At risk students, which includes students with delayed development, disabilities, or limited preschool experience, who have attended a full time kindergarten are more likely to have higher basic skill achievement and are better prepared for first grade. This is due to the fact that full day kindergarten teachers have more time to spend with their students and are able to detect learning and developmental needs earlier and provide the student with prevention services. Another benefit of full day kindergarten is its support of English language learners (ELL). Recent studies have shown that full day kindergarten ELL students show faster gains on literacy and language measures compared to half day kindergarten students. These early gains have shown to last over time. One study has shown that higher reading achievement by the full day ELL kindergarten students persisted through the third grade and in some cases through the seventh grade.

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

Students who have participated in full day kindergarten have shown a greater academic success rate than students who participated in traditional half day kindergarten. Research has shown that full day kindergarten contributes to increased school readiness, improves student attendance and supports literacy and language development. According to the National Association of School Psychologists, developmentally appropriate full day kindergarten offers a more relaxed atmosphere and more opportunities for child centered, creative activities, as well as more opportunities for developing social skills. Full day kindergarten provides more time for field trips, activity centers, projects and free play. These activities enhance early development, promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings as adults, less reliance on social services as adults and fewer out-of-wedlock births. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

**4. Program Type. (Check one)**

TANF  State

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$43,289,377

**7. Total State MOE Expenditures under the Program for the Fiscal**

**Year:** \$26,300,803

**8. Total Number of Families Served under the Program with MOE Funds:** 9,232

**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:**

Serves children attending schools with the highest poverty levels based upon free and reduced price lunch eligibility rates. Expenditures are claimed for eligible children in families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 11 - Workers Comp - Medical Aid Fund  
Grantee Information

State WASHINGTON

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:**

Workers Compensation – Medical Aid Fund

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

The Workers Compensation – Medical Aid Fund is a state-funded program that provides medical insurance to injured workers and their dependents.

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

This program provides medical insurance to injured workers and their dependents when there is no other insurance available. This can help injured workers return to the workforce, retain their jobs, or help them prepare for new employment in another field. This program supports TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for, or maintain employment.

**4. Program Type. (Check one)**

TANF  State

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$734,600,000

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$168,517,240

**8. Total Number of Families Served under the Program with MOE Funds:** 48,438

**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:**

Expenditures are claimed for eligible families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 12 - Department of Health Charity Care  
Grantee Information

State WASHINGTON

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:

Charity Care

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

Hospitals in Washington State provide Charity Care to individuals who cannot afford medical care and who do not qualify for any federal or state medical program. Washington State Law requires these hospitals to report charity care expenditures to the Department of Health.

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

Many individuals, both single adults and parents, do not qualify for medical assistance and have medical needs. Hospitals provide charity care to these individuals so that they can recover and maintain healthy lives. This care can help families remain intact, or can help parents prepare for or find employment, or remain employed. This program supports TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for 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):

6. Total State Expenditures for the Program for the Fiscal Year: \$889,233,345

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$290,179,832

8. Total Number of Families Served under the Program with MOE Funds: 78,126

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:

Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the 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): \$104,963,530

Attachment B 13 - Basic Health Plan (BHP)  
Grantee Information

State WASHINGTON

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:

Basic Health Program (BHP)

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

The Basic Health Program is a state-funded program which serves needy adults and families who lack medical coverage, or are considered "underinsured".

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

Statewide medical program to help needy families who do not qualify for other federal or state medical assistance programs and who have medical care needs. This care can help families remain intact, or can help parents prepare for or find employment, or remain employed. This program supports TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for 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):

6. Total State Expenditures for the Program for the Fiscal Year: \$70,270,357

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$68,864,950

8. Total Number of Families Served under the Program with MOE Funds: 37,794

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:

Serves needy families with income at or below 300% of the Federal Poverty Level (FPL) for the 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

Attachment B 14 - Community Health Service (CHS) Grants  
Grantee Information

<u>State</u> WASHINGTON	<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 Health Service (CHS) Grants</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Community Health Service Grants are state-funded grants which serve needy families with income at or below 200% of the Federal Poverty Level (FPL) for the family size.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> These grants fund non-profit health organizations that provide primary health services to low-income families. This program supports TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for work and marriage.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$3,972,044</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$3,892,603</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 106,859</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> Expenditures are claimed for eligible families with income at or below 200% of the Federal Poverty Level (FPL) for the family size.</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 15 - Navigation 101  
Grantee Information

<u>State</u> WASHINGTON	<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:

Navigation 101

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

Navigation 101 is a state-funded program to serve needy students by providing them with a mentor to assist them in preparing for life beyond high school graduation.

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

Grants provide a mentor to a group of students, beginning in middle school, to assist them in preparing for life beyond high school graduation. These activities enhance early development, promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings as adults, less reliance on social services as adults and fewer out-of-wedlock births. By providing early life training and supports, children develop valuable skills which lead to responsible life choices with regard to marriage and child birth. These choices can result in fewer unintended pregnancies as well as out-of-wedlock births. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

4. Program Type. (Check one)

TANF  State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$1,093,880

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$664,641

8. Total Number of Families Served under the Program with MOE Funds: 41,518

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:

Expenditures are claimed for those families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 16 - DoC Mental Health Treatment  
Grantee Information

State WASHINGTON

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:**

Mental Health Treatment

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

The Department of Corrections (DOC) provides Mental Health Treatment services to supervised offenders.

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

Provides mental health treatment services to offenders under state supervision. These services are aimed at promoting the health and welfare of the parent(s), decreasing or eliminating future contact with the criminal justice system, and increasing employability. This program supports TANF purpose 2, to eliminate the dependence of needy families on government benefits by helping them prepare for 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):**

**6. Total State Expenditures for the Program for the Fiscal Year:** \$17,339,636

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$3,808,109

**8. Total Number of Families Served under the Program with MOE Funds:** 637

**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:**

Expenditures are claimed for eligible families with income at or below 400% of the Federal Poverty Level (FPL) for the 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):** \$739,335

Attachment B 17 - DoC Basic Education  
Grantee Information

<u>State</u> WASHINGTON	<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><b><u>1. Name of Benefit or Service Program:</u></b> Basic Education</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The Department of Corrections (DOC) provides Basic Education to supervised offenders.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Basic education provided to offenders under state supervision. These services are aimed at decreasing or eliminating future contact with the criminal justice system and increasing employability of the parents. This program supports TANF purpose 2.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$20,100,830</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$3,788,723</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 6,304</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Expenditures are claimed for those families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input type="radio"/> Yes   <input checked="" type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$3,585,035</p>

Attachment B 18 - DoC Chemical Dependency Treatment  
Grantee Information

State WASHINGTON

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:

Chemical Dependency Treatment

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

The Department of Corrections provides Chemical Dependency Treatment for supervised offenders.

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

Provides chemical dependency treatment services to offenders under state supervision. These services are aimed at promoting the health and welfare of the parent(s), decreasing or eliminating future contact with the criminal justice system, and increasing employability. This program supports TANF purposes 2.

4. Program Type. (Check one)

TANF  State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$16,522,026

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,620,631

8. Total Number of Families Served under the Program with MOE Funds: 2,859

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:

Expenditures are claimed for those families with income at or below 400% of the Federal Poverty Level (FPL) for the 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): \$738,979

Attachment B 19 - Boys & Girls Clubs of King County  
Grantee Information

State WASHINGTON

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:**

Boys & Girls Clubs of King County

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

Boys and Girls Clubs offer programs in fitness, sports, the arts, health and life skills, career development, and character and leadership development.

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

These activities promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, less reliance on social services as adults, fewer out-of-wedlock births, and greater relationship/marriage stability. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

**4. Program Type. (Check one)**

TANF  State

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$805,082

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$489,168

**8. Total Number of Families Served under the Program with MOE Funds:** 2,631

**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:**

Expenditures are claimed for children in families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 20 - Girl Scouts of Western Washington  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Girl Scouts of Western Washington</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Girl Scouts programs provide leadership development, community service, and team building skills to girls in grades Kindergarten through 12.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These activities enhance early development, promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings as adults, less reliance on social services as adults and fewer out-of-wedlock births. This program supports TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$27,289,910</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$16,581,350</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 16,177</p> <p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Expenditures are claimed for children in families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 21 - NorthWest Harvest  
Grantee Information

<u>State</u> WASHINGTON	<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> Northwest Harvest</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Northwest Harvest provides food and meal programs to low-income families and eligible school children.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> These programs provide non-recurring supplemental nutrition to needy families and children. This program supports TANF purpose 1 and 2.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$12,237,640</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$11,992,887</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 195,395</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> Serves families (and children) with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</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 22 - Second Harvest of Inland NW  
Grantee Information

<u>State</u> WASHINGTON	<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> Second Harvest of Inland NW</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Second Harvest of Inland NW provides food and meal programs to low-income families and eligible school children.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> These programs provide non-recurring supplemental nutrition to needy families and children. This program supports TANF purpose 1 and 2.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$1,049,902</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$503,953</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 94,920</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> Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</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 23 - YWCA  
Grantee Information

State WASHINGTON

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:

YWCA of Seattle, King and Snohomish Counties

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

The YWCA of Seattle, King and Snohomish Counties, operates the Building Resilience Program which is designed to combat homelessness; the Dress for Success program to provide interview clothing for needy women to help them prepare for and to obtain employment; and the Employment and Housing Stability program to help low-income families who are at risk of losing their housing.

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

These programs help prepare families to remain intact by ensuring stable housing and to prepare for and obtain employment. They support TANF purposes 1 and 2.

4. Program Type. (Check one)

TANF  State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$588,696

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$588,696

8. Total Number of Families Served under the Program with MOE Funds: 2,069

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:

Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 24 - Seattle Foundation Grants  
Grantee Information

<u>State</u> WASHINGTON	<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><b><u>1. Name of Benefit or Service Program:</u></b> Seattle Foundation Grants</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The Seattle Foundation provides grants to a wide variety of local community-based organizations designed to address homelessness, food insecurity, youth and child development and self-sufficiency.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These benefits and services help families remain intact and ensure that children are cared for in their own homes, as well as help families prepare for employment (supporting TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for work and marriage). Some of these activities enhance early development, and promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings, less reliance on social services, fewer out-of-wedlock births, and marriage/relationship stability. These activities support TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u>   \$3,095,702</b></p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u>   \$921,281</b></p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u>   609,410</b></p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u>   \$0</b></p>

Attachment B 25 - Seattle Human Services Division  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Seattle Human Services Department</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The Seattle Human Services Department provides grants to a wide variety of local community-based organizations designed to address homelessness, food insecurity, youth and child development and self-sufficiency.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These benefits and services help families remain intact and ensure that children are cared for in their own homes, as well as help families prepare for employment (supporting TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for work and marriage). Some of these activities enhance early development, and promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings, less reliance on social services, fewer out-of-wedlock births, and marriage/relationship stability. These activities support TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$31,407,750</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$20,790,610</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 76,448</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 26 - King County Grants  
Grantee Information

State WASHINGTON	Fiscal Year 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:**  
King County Grants

**2. Description of the Major Program Benefits, Services, and Activities:**  
King County provides grants to a wide variety of local community-based organizations designed to address homelessness, food insecurity, youth and child development and self-sufficiency.

**3. Purpose(s) of Benefit or Service Program:**  
These benefits and services help families remain intact and ensure that children are cared for in their own homes, as well as help families prepare for employment (supporting TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for work and marriage). Some of these activities enhance early development, and promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings, less reliance on social services, fewer out-of-wedlock births, and marriage/relationship stability. These activities support TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

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

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$13,721,722

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$6,984,881

**8. Total Number of Families Served under the Program with MOE Funds:** 23,050

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:**  
Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 27 - Commerce - Housing / Shelter Programs  
Grantee Information

State WASHINGTON

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:**

Commerce Department – Housing / Shelter Programs

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

The Commerce Department provides grants to a wide variety of local community-based organizations designed to address homelessness, food insecurity, youth and child development and self-sufficiency.

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

These benefits and services help families remain intact and ensure that children are cared for in their own homes, as well as help families prepare for employment (supporting TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for work and marriage). Some of these activities enhance early development, and promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings, less reliance on social services, fewer out-of-wedlock births, and marriage/relationship stability. These activities support TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.

**4. Program Type. (Check one)**

TANF  State

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

**6. Total State Expenditures for the Program for the Fiscal Year:** \$22,287,800

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$9,655,569

**8. Total Number of Families Served under the Program with MOE Funds:** 9,238

**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:**

Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

Attachment B 28 - Commerce - Community Services  
Grantee Information

State WASHINGTON	Fiscal Year 2010
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Program Information

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Commerce Department – Community Services</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The Commerce Department provides grants to a wide variety of local community-based organizations designed to address homelessness, food insecurity, youth and child development and self-sufficiency.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These benefits and services help families remain intact and ensure that children are cared for in their own homes, as well as help families prepare for employment (supporting TANF purpose 1, to help children remain in their own homes, and purpose 2, to help end the dependence of needy parents on government benefits by helping them prepare for work and marriage). Some of these activities enhance early development, and promote health, cognitive, social, and emotional development. These activities also affect long-term outcomes including less contact with the criminal justice system, higher earnings, less reliance on social services, fewer out-of-wedlock births, and marriage/relationship stability. These activities support TANF purpose 3, to prevent or reduce the incidence of out-of-wedlock births.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$13,545,242</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$3,405,871</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 406,402</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 29 - United Way of King County  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> United Way of King County</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The United Way of King County, operates the Back to Basics Program which is a volunteer program designed to conduct public benefits outreach to needy families; the Community Resources Exchange – a one-stop event to connect homeless families to local service providers; and the Landlord Liaison Project designed to help homeless families to access permanent housing, assist in lease signing and moving into vacant housing units.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These programs help prepare families to remain intact by ensuring stable housing and to prepare for and obtain employment. They support TANF purposes 1 and 2.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$2,020,864</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$1,208,200</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    12,158</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the family size.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b>    \$0</p>

Attachment B 30 - Child Support Pass-Through  
Grantee Information

State WASHINGTON

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:

Child Support Pass-Through Payments

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

Pass through of the state share of child support payments as allowed under the Deficit Reduction Act of 2005.

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

This programs helps families to remain intact, reduce their dependence on public assistance programs, and helps them prepare for and obtain employment. It supports TANF purposes 1 and 2.

4. Program Type. (Check one)

TANF  State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$9,567,652

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$9,567,652

8. Total Number of Families Served under the Program with MOE Funds: 14,021

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:

Serves needy families with income at or below 400% of the Federal Poverty Level (FPL) for the 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

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 

Name Babette Roberts

Title Acting Director, Community Services Division

Date Submitted 01/05/2011

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.