

STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS
Office of Management and Budget
 Haslet Building, 3rd Floor, Dover, Delaware 19901
 (302) 739-4206

1. STATE APPLICATION IDENTIFIER:		SPOC use ONLY	Month	Reviewer	CC's
09-05-12-06					
2. Applicant Project Title: Title IV-E – Adoption Assistance ARRA Increased Rate					
3. Applicant Department: Department of Services for Children, Youth and their Families			4. Applicant Division/APU: Division of Family Services and Division of Management Support Services 37-06, 37-01		
5. Applicant Address: 1825 Faulkland Rd Wilmington, DE 19805					
6. Contact Person: Harry Roberts/Kate Carlson			7. Contact Person's Phone Number: Harry/ Kate- 892-4555		
8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)					
9. Federal Grantor Department: Health and Human Services			10. Federal Sub-Agency: Administration on Children, Youth and Families		
11. Federal Contact Person: Tom Strawderman			12. Phone Number: (215) 861-4068		
13. Address: 150 S. Independence Mall West, Suite 864, Philadelphia, PA 19106-3499					
14. Federal Program Title: Title IV-E Adoption Assistance			15. FEDERAL CATALOG NO: (CFDA) 93 659		
16. Project Description: This grant provides enhanced federal assistance for payments to adoptive parents to support children and youth they have adopted					
17. Will funds be utilized for any technology initiatives? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, Business Case Number and brief project summary:					
18. Measurable Objectives:					
a. What were last year's objectives?					
<ul style="list-style-type: none"> • To continue to provide adoption assistance payments to all eligible families. 					
b. Were these objectives met? (If not, please explain why)					
Yes. All eligible families received assistance.					
c. What are this year's objectives?					
<ul style="list-style-type: none"> • Continue to provide assistance payments to all eligible families. 					
(If more space is needed, please attach a separate sheet of paper)					

19. Grant Period: From: <i>10/1/08</i> To: <i>9/30/09</i>	20. How many years has this project been funded: <i>28</i>	21. If the project was funded last year, how much federal money was awarded? <i>\$196,000</i>
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22. Source of funding for this application:	Dollars
a. Federal grant	<i>196,000</i>
b. Other federal funds (Specify source of funding)	<i>0</i>
c. Required state contribution (Specify source of funding)	<i>\$0</i>
d. Discretionary state contribution (Specify source of funding)	<i>\$0</i>
e. Required local contribution (Specify source of funding)	<i>0</i>
f. Other non- federal funds (Specify source of funding)	<i>0</i>
TOTAL	<i>\$196,000</i>

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services	<i>196,000</i>			<i>196,000</i>
Travel				
Supplies & Materials				
Capital Expenditures				
Audit Fees				
Indirect Costs				
Other				
TOTAL	<i>196,000</i>			<i>196,000</i>

24. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds			
Paid for out of General Funds			
Paid for out of state special funds			
Paid for out of bond/local/other funds			
TOTAL			

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.