

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

<b>1. STATE APPLICATION IDENTIFIER:</b>		<b>SPOC use ONLY</b>	Month	Reviewer	CC's
09-05-12-05					
<b>2. Applicant Project Title:</b> Title IV-E – Foster Care – Voluntary and Non-Voluntary ARRA Increased Rate					
<b>3. Applicant Department:</b> Department of Services for Children, Youth and their Families			<b>4. Applicant Division/APU:</b> Division of Family Services and Division of Management Support Services 37-06-40		
<b>5. Applicant Address:</b> 1825 Faulkland Rd Wllmington, DE 19805					
<b>6. Contact Person:</b> Harry Roberts/Kate Carlson			<b>7. Contact Person's Phone Number:</b> Harry/ Kate- 892-4555		
<b>8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)</b>					
<b>9. Federal Grantor Department:</b> Health and Human Services			<b>10. Federal Sub-Agency:</b> Administration on Children, Youth and Families		
<b>11. Federal Contact Person:</b> Tom Strawderman			<b>12. Phone Number:</b> (215) 861-4068		
<b>13. Address:</b> 150 S. Independence Mall West, Suite 864, Philadelphia, PA 19106-3499					
<b>14. Federal Program Title:</b>  Title IV-E Foster Care			<b>15. FEDERAL CATALOG NO:</b> (CFDA)  93 658		
<b>16. Project Description:</b>  This grant provides enhanced federal assistance for foster care maintenance payments to eligible children in foster care.					
<b>17. Will funds be utilized for any technology initiatives?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, Business Case Number and brief project summary:					
<b>18. Measurable Objectives:</b>					
a. What were last year's objectives?					
1. Continue to make foster care maintenance payments to all eligible children and youth.					
b. Were these objectives met? (If not, please explain why)					
Yes. All eligible children were funded. Cost recovery efforts continued.					
c. What are this year's objectives?					
<ul style="list-style-type: none"> <li>• Continue to make foster care maintenance payments to all eligible children and youth.</li> <li>• Continue to provide assistance payments to all eligible families.</li> </ul>					
(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>164,000</i>
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22. Source of funding for this application:	Dollars
a. Federal grant	<i>164,000</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>
<b>TOTAL</b>	<b><i>\$164,000</i></b>

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services	<i>164,000</i>			<i>164,000</i>
Travel				
Supplies & Materials				
Capital Expenditures				
Audit Fees				
Indirect Costs- SPO and SWICAP				
Other				
<b>TOTAL</b>	<b><i>164,000</i></b>			<b><i>164,000</i></b>

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			
<b>TOTAL</b>			

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.