NORTH CAROLINA DIVISION OF SOCIAL SERVICES
CHILD WELFARE SERVICES SECTION
2009-2010
TANF-DV REALLOCATION QUESTIONNAIRE

_______________________________________ County
(County Name)

(Please check the statement below that applies to your agency.)

_____ We anticipate spending the balance of the TANF-DV allocation by May 31, 2010.

_____ We have expended all of the allocated TANF-DV funds and are interested in receiving additional funds.

_____ We have not exhausted all of the allocated TANF-DV funds and we do not anticipate spending all of the balance. We project to have an unexpended balance of $__________ at May 31, 2010. We understand that this is a projection of the unexpended balance and that TANF-DV funds left unexpended at May 31, 2010 are required to be reverted to the North Carolina Division of Social Services.

Director of DSS: ________________________________ DATE ______
Signature

Director of DV Agency: __________________________ DATE______
Signature

You may return this form by fax or email (scanned/electronic signature) NO LATER than March 12, 2010 to:

Rick Zechman
Email: eric.zechman@dhhs.nc.gov
 Fax: (919) 334-1108
 Phone: (919) 334-1147

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Location: 325 N. Salisbury Street • Albemarle Building • Raleigh, NC 27603