

**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