

North Carolina Division of Social Services
Family Support and Child Welfare Services Section
2008-09
TANF-DV REALLOCATION QUESTIONNAIRE

_____ County
(County Name)

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

- ___ We anticipate spending the balance of TANF/DV funds by May 31, 2009.
- ___ We have expended all of the allocated TANF-DV funds and are interested in receiving additional funds.
- ___ We have **NOT** expended all of the TANF-DV funds and we **DO NOT** anticipate spending all of the balance. We project having an unexpended balance of \$_____ at May 31, 2009. **We understand that this is a projection of the unexpended balance only and that TANF-DV funds left unexpended at May 31, 2009 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 **NO LATER** than **March 13, 2009** to:

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Family Violence Prevention Coordinator
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