

North Carolina Division of Social Services
Family Support and Child Welfare Services Section
2007-08
TANF-DV REALLOCATION QUESTIONNAIRE

_____ County
(County Name)

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

___ We have exhausted all of our original TANF-DV allocation and are interested in receiving additional funds. ***Additional Desired Amount** \$ _____

___ We have **NOT** exhausted all of our TANF-DV funds and we **DO NOT** anticipate spending all of the balance, which would allow \$ _____ to voluntarily revert.

___ We have **NOT** exhausted all of our TANF-DV funds. However, we anticipate spending **ALL** of the remaining funds, prior to May 31, 2008.

Director of DSS: _____ **DATE** _____
Signature

Director of DV Agency: _____ **DATE** _____
Signature

You may return this form by fax **NO LATER** than **March 7, 2008** to:

Glorina Y. Stallworth
TANF/DV Consultant
Email: glorina.stallworth@ncmail.net
Fax: (919) 733-4756
Phone: (919) 733-2279

*Please note: Indicating a desired amount does not guarantee that this amount will be granted. For questions or additional information, you may call Glorina Stallworth.