

Date: 02/05/2010
Sequence: 2010-22
Topic: **Request to Move Expenditures**

County agencies may request expenditures that were incurred in FFY 2009 (as of September 30, 2009) and applied to FFY 2010 federal grants to be moved to the appropriate FFY 2009 federal grants.

To accomplish the movement of expenditures between these grants, BCFTA has attached a form for PA agencies and a form for PCSAs to complete and submit to BCFTA. The forms list most, if not all, of the grants affected. However, space has been provided for counties to add any applicable federal grants not specified on the forms.

County agencies may also use the form to request ODJFS to move expenditures from grants in ceiling excess to other eligible grants.

Instructions on how to submit the request to BCFTA are listed at the bottom of each form. **The forms must be completed and submitted to BCFTA by close of business, Thursday, February 11, 2010.**

Please contact your ODJFS Fiscal Supervisor if you have any questions.

Thank you.

PCSA REQUEST TO MOVE EXPENDITURES

DATE: _____

COUNTY/AGENCY: _____

AGENCY CONTACT: _____

TITLE IV-B PART 1

FROM

IV-B Pt 1
(JFSFCW10-3270-75%-Local-25%) \$ _____

IV-B Pt 1 Administration
(JFSFCW10-3270-75%-Local-25%) \$ _____

TO

IV-B Pt 1
(JFSFCW09-3270-75%-Local-25%) \$ _____

IV-B Pt 1 Administration
(JFSFCW09-3270-75%-Local-25%) \$ _____

TITLE IV-B PART 2

FROM

ESAA Preservation Operating
(JFSFPF10-3270-75%-Local-25%) \$ _____

ESAA Reunification Operating
(JFSFPF10-3270-75%-Local-25%) \$ _____

ESAA Preservation Administration
(JFSFPF10-3270-75%-Local-25%) \$ _____

ESAA Reunification Administration
(JFSFPF10-3270-75%-Local-25%) \$ _____

TO

ESAA Preservation Operating
(JFSFPF09-3270-75%-Local-25%) \$ _____

ESAA Reunification Operating
(JFSFPF09-3270-75%-Local-25%) \$ _____

ESAA Preservation Administration
(JFSFPF09-3270-75%-Local-25%) \$ _____

ESAA Reunification Administration
(JFSFPF09-3270-75%-Local-25%) \$ _____

GRANTS NOT SPECIFIED ABOVE

FROM

Grant: _____
(JFS _____) \$ _____

Grant: _____
(JFS _____) \$ _____

Grant: _____
(JFS _____) \$ _____

TO

Grant: _____
(JFS _____) \$ _____

Grant: _____
(JFS _____) \$ _____

Grant: _____
(JFS _____) \$ _____

Please e-mail this form to BCFTA-PCSA@jfs.ohio.gov or fax this form to 614-728-3330 to the attention of Section Chief, Tom Goard. Please contact your ODJFS Fiscal Supervisor if you have any questions regarding this form.

PA REQUEST TO MOVE EXPENDITURES

DATE: _____

COUNTY/AGENCY: _____

AGENCY CONTACT: _____

TITLE XX

POST ALLOCATED ADJUSTMENTS

FROM

Adult Protective Services
(JFSFSTFO-GRF-100%) \$ _____

Social Services Operating
(JFSFSTFO-GRF-100%) \$ _____

Title XX TANF Transfer
(JFSFSS09-3960-100%) \$ _____

TO

Title XX Base
(JFSFSS09-3960-100%) \$ _____

FFY 2010 TO FFY 2009

FROM

Title XX Base
(JFSFFSS10-3960-100%) \$ _____

Title XX TANF Transfer
(JFSFSS10-3960-100%) \$ _____

TO

Title XX Base
(JFSFFSS09-3960-100%) \$ _____

Title XX TANF Transfer
(JFSFSS09-3960-100%) \$ _____

CHILD CARE

POST ALLOCATED ADJUSTMENTS

FROM

Child Care Non Admin
(JFSFCD09-3H70-100%) \$ _____

Child Care Non Admin
(JFSFCM09-3H70-100%) \$ _____

Child Care Non Admin
(JFSFCM10-3H70-100%) \$ _____

TO

Regular TANF
(JFSFTF10-3V60-100%) \$ _____

TANF Admin
(JFSFTF10-3V60-100%) \$ _____

Regular TANF
(JFSFTF10-3V60-100%) \$ _____

TANF Admin
(JFSFTF10-3V60-100%) \$ _____

FFY 2010 TO FFY 2009

FROM

Quality Child Care
(JFSFCD10-3H70-100%) \$ _____

Child Care Non Admin
(JFSFCM10-3H70-100%) \$ _____

TO

Quality Child Care
(JFSFCM09-3H70-100%) \$ _____

Child Care Non Admin
(JFSFCD09-3H70-100%) \$ _____

**FOOD ASSISTANCE ADMINISTRATION
POST ALLOCATED ADJUSTMENTS**

FROM

FSET
(JFSFF109-3840-100%) \$ _____

TO

50% Income Maintenance
(JFSSSTFO-GRF-100%) \$ _____

50% Federal Food Stamps
(JFSFB09-GRF-50%-3840-50%) \$ _____

COMMUNITY & PROTECTIVE SERVICES (533 FUNDS)

FROM (any PA Program and only FFY 2009 grants)

TO

Program: _____
(JFS _____) \$ _____

Community & Protective Services
(JFSCACPS-GRF-100%) \$ _____

Program: _____
(JFS _____) \$ _____

Program: _____
(JFS _____) \$ _____

GRANTS NOT SPECIFIED ON PAGE 1 OR ABOVE

FROM

TO

Grant: _____
(JFS _____) \$ _____

Please e-mail both pages of this form to BCFTA-PA@jfs.ohio.gov or fax both pages of this form to 614-728-3330 to the attention of Section Chief, Tom Goard. Please contact your ODJFS Fiscal Supervisor if you have any questions regarding this form.