

Date: **April 19, 2011**
Sequence: **2011- 22**
Topic: **Allocation Redistribution**

ODJFS is accepting county requests for additional funds and/or county notification that they will release excess funds. This process is in accordance with OAC 5101:9-6-02.

Agencies are advised to review their current over/under report to obtain current allocation balances. Agencies requesting redistribution must return a completed copy of the attached worksheet no later than the end of the day on the first business day after April 30, 2011 (Monday, May 2, 2011.) Please fax a copy of the signed form to BCFTA @ 614-728-3330 OR send to the following Groupwise mailbox:

BCFTA-PA@jfs.ohio.gov for PA requests
BCFTA-PCSA@jfs.ohio.gov for PCSA requests

Send a copy of the redistribution sheet to your ODJFS Fiscal Supervisor, Board of County Commissioners, and County Auditor.

Please remember that your agency cannot release funds that have already been drawn from the State. ODJFS will evaluate funds released for each allocation and notify your agency of any redistribution.

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

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
PUBLIC ASSISTANCE
RE-DISTRIBUTION SHEET**

I CERTIFY THAT FOR SFY 2011 MY COUNTY WILL BE ABLE TO: (Grant – Allocation Description)	EXPEND ENTIRE AMOUNT OF ALLOCATION? (Yes/No)	RELEASE THIS AMOUNT OF THE ALLOCATION (\$)	USE THE ENTIRE AMOUNT & REQUEST THIS ADDITIONAL AMOUNT FOR THIS ALLOCATION (\$)
JFSFCM11 Child Care Admin			
JFSSSTFO Adult Protective Services			
JFSFTF11 TANF Admin			
JFSFCM11 Child Care Non Admin			
JFSSSTFO Community Prot. Svcs			
JFSFCD11 Quality Child Care			
JFSFRS10 Refugee Social Services			
JFSSSTFO Income Maintenance			
JFSSSTFO Social Services Operating			
JFSFSS11 ASFS Title XX			
JFSFTF11 TANF			
JFSFSS11 Title XX Base			
JFSFTX11 Title XX – TANF Transfer			

_____ **County Department of Job and Family Services**

Director Signature _____

Date: _____

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
PUBLIC CHILDREN SERVICE AGENCY
ALLOCATION RE-DISTRIBUTION SHEET**

I CERTIFY THAT FOR SFY 2011 MY COUNTY WILL BE ABLE TO: (Grant – Allocation Description)	EXPEND ENTIRE AMOUNT OF ALLOCATION? (Yes/No)	RELEASE THIS AMOUNT OF THE ALLOCATION (\$)	USE THE ENTIRE AMOUNT & REQUEST THIS ADDITIONAL AMOUNT FOR THIS ALLOCATION (\$)
JFSFCW11 – IV-B			
JFSFCW11 – IV-B Admin			
JFSFPF11 – Family Preservation Operating			
JFSFPF11 – Family Reunification Operating			
JFSFMC11 – Caseworker Visits			
JFSFMC11 – Caseworker Visits Admin			
JFSSTFO – Feisel			
JFSFIL11 – Federal Chaffee			
JFSFSTFO – KPIP Admin Outreach			
JFSFPF11 – ESSA Reunification			
JFSFPF11 – ESSA Preservation			
JFSSSTFO - SCPA			

_____ **County Public Children Service Agency**

Director Signature _____

Date: _____