

III. FISCAL INFORMATION

CFDA # _____

(IN THOUSANDS OF DOLLARS)

PROGRAM FISCAL INFORMATION	FY 2018 (Actual \$)	FY 2019 (Estimated \$)
13. Formula Allocation: Amount of funds legally available from allocation. (Enter NA if not a formula grant.)		
14. Available Awards: (*)		
A. Amount of federal funds awarded. This data will be submitted into the yearly <i>Federal Funds to State Agencies</i> .		
B. Amount of federal funds carried over from previous years.		
C. TOTAL federal funds available for expenditure (A + B).		
15. Federal Fund Expenditures:		
A. Amount of federal funds expended for your agency's activities.		
B. Amount of federal funds subgranted to other state, local, or private agencies.		
C. TOTAL federal funds expended (A + B).		
16. State Expenditures:		
A. Amount of state funds expended as a matching requirement.		
B. Other state funds expended for support of the program.		
C. TOTAL state funds expended (A + B).		
17. Cash Receipts:		
A. Cash receipts deposited in first trust fund listed in Part II, Sec. 3, page 1.		
B. Cash receipts deposited in second trust fund listed in Part II, Sec. 3, page 1.		

IV. PROGRAM INFORMATION (*)

Please provide information on the state programs and services provided with these funds. For example, the Preventive Health Services Block Grant supports programs for hypertension, rape crisis centers, and grants to local health agencies. The area served might be "statewide" or a particular target area such as "city" or "county." Also provide an estimate of the number of persons/clients served by each program.

State Program Name (*)	# of Persons Served (*)	Area Served (*)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Survey completed by:

Name & title:

Phone: (business & fax)

Agency & address:

E-mail address:

Comments: