

Human Services Block Grant Retained Earnings Plan  
Fiscal Year 2016-2017

**County Name:**

Program/Service Name	Program Category (MH, ID, HAP, etc.)	Estimated # of Individuals to be Served	Total Funding to be Utilized
<b>Please provide a program narrative.</b>			
<b>Please provide a detailed budget on the use of the funds for the program/service.</b>			
<b>Projected Time Period for use of Funds</b>			
<b>Does this program/service adhere to allowable program and expenditure requirements?</b>			

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