

Human Services Block Grant Retained Earnings Waiver 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 |
|---|--------------------------------------|---|------------------------------|
| | | | |
| Please provide a program narrative. | | | |
| | | | |
| Please explain why the funds were not expended during the FY. | | | |
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| Please explain how the reinvestment will support the FY 17-18 County Human Services Plan submitted to the Department. | | | |
| | | | |
| Please explain why the county cannot implement this program/service using the upcoming FY operating budget. | | | |
| | | | |
| Is this a new or existing program/service? If new, will the county be able to sustain it using the current allocation? | | | |
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| Please provide a detailed budget on the use of the funds for the program/service. | | | |
| | | | |
| Projected Time Period for use of Funds | | | |

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| Does this program/service adhere to allowable program and expenditure requirements? |
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