

DEPARTMENT OF CHILD SERVICES
PROPOSAL FOR THE USE OF FEDERAL, STATE, AND COUNTY FUNDS

REGIONAL REQUEST SUMMARY

| | | |
|--------------|--|---|
| Agency: | | Funding Period: July 1, 2006 to December 31, 2008 |
| Program Name | | |

Section IV. (Complete a separate page for each region to be served by this proposal).

| | |
|---|------------------|
| A. Region to be Served: | |
| B. Program Director: | Telephone: _____ |
| C. Mailing Address: (If different from Agency address) | |
| D. Email Address: | |

E. Show breakdown below of proposed service categories, number of families/clients, and amount requested by county to be served in this region. Use a separate page for counties in another region.

| County to be Served | Service | Total Number of Families / Clients (Circle one) | Public Funds Requested | Approved (Committee Use only) | | | | |
|--------------------------------------|---------|--|------------------------|----------------------------------|----|---------|------|--------------|
| | | | | Part I | IL | Part II | Code | County Match |
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| TOTAL ADJUSTED PROGRAM COSTS: | | | \$0.00 | | | | | |

(CODES FOR COMMITTEE USE ONLY: 1=Family Support; 2=Family Preservation; 3=Time-limited Reunification; 4=Adoption Promotion and Support; 5=Administration/Management; 6=Planning)

