

GRANTS for COMPREHENSIVE HEALTH SERVICES for CHILDREN and YOUTH

U. S. DEPARTMENT
of HEALTH, EDUCATION, and WELFARE
SOCIAL and REHABILITATION SERVICE

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policies and procedures

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DISCRIMINATION PROHIBITED--Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the programs of the Children's Bureau, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

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GRANTS FOR COMPREHENSIVE HEALTH SERVICES FOR CHILDREN AND YOUTH

Policies and Procedures

The Children's Bureau will consider applications for grants of Federal funds for the support of special projects to provide comprehensive child health services including medical care for children and youth particularly in areas with concentrations of low-income families. This is a new program which is made possible by P. L. 89-97, the 1965 amendments to the Social Security Act. The pertinent new provision is Section 532 of Title V, Part 4, of the Social Security Act and reads in part as follows:

"In order to promote the health of children and youth of school or preschool age, particularly in areas with concentrations of low-income families . . ." grants may be approved " . . . to pay not to exceed 75 per centum of the cost of projects of a comprehensive nature for health care and services for children and youth of school age or for preschool children (to help them prepare to start school). No project shall be eligible for a grant under this section unless it provides (1) for the coordination of health care and services provided under it with, and utilization (to the extent feasible) of, other State or local health, welfare, and education programs for such children, (2) for payment of the reasonable cost (as determined in accordance with standards approved by the Secretary) of inpatient hospital services provided under the project, and (3) that any treatment, correction of defects, or aftercare . . . is available only to children who would not otherwise receive it because they are from low-income families or for other reasons beyond their control; and no such project for children and youth of school age shall be considered . . . of a comprehensive nature . . . unless it includes . . . at least such screening, diagnosis, preventive services, treatment, correction of defects, and aftercare, both medical and dental, as may be provided for in regulations of the Secretary."¹ The purpose of the Federal grant is to increase the availability and to improve the quality of health care services, not to replace or reduce State or local community funds.

I. AUTHORIZATION

The statute authorizes to be appropriated for this program the following amounts:

\$15,000,000						for the fiscal year ending June 30, 1966
35,000,000	"	"	"	"	"	June 30, 1967
40,000,000	"	"	"	"	"	June 30, 1968
45,000,000	"	"	"	"	"	June 30, 1969
50,000,000	"	"	"	"	"	June 30, 1970

¹ Section 532, Social Security Act, as enacted by P.L. 89-97, 89th Congress.

II. AGENCIES WHICH MAY RECEIVE GRANTS

Special project grants, under this legislation, may be made (1) to the State health agency of any State, (2) (with the consent of such agency) to the health agency of any political subdivision of the State, (3) to the State crippled children's agency, (4) to any school of medicine (with appropriate participation by a school of dentistry), and (5) to any teaching hospital affiliated with a school of medicine.

Form CB-50, Health Agency Consent, must be executed each grant period to enable a local health department to receive a grant.

III. MATCHING REQUIREMENTS

Federal funds will be granted on the basis of project applications and may not exceed 75 percent of the cost of the project. The 25 percent non-Federal participation may be derived from a variety of sources including (1) new State or local appropriations, (2) existing funds and time of personnel used for the ongoing activities of the grantee agency which are made a part of the project, (3) funds, time of personnel or space made available by other agencies, (4) or similar items or gifts from other sources.

Thus in meeting the cost of the project, the applicant must identify, from grantee sources, funds and/or services equivalent to at least \$1 for every \$3 of Federal funds requested. Grantee funds or services used to match the Federal funds requested may not be used for matching any other Federal grant.

IV. OBJECTIVES OF PROJECTS

The legislative history of this program has brought out that many of the health needs of preschool children and children and youth of school age, particularly children from low-income families, are not being met because of the increase in the child population and the great increase in the proportion of low-income families in the major cities. This is resulting in the overcrowding of clinics and inadequate preventive health services and medical care for these children.

The Report of the House Committee on Ways and Means stresses the importance of renewed emphasis on health supervision in the preschool years since "many childhood disabling illnesses both physical and emotional have their origin in infancy or the preschool years. Effective health supervision for children during the years before entering school would help considerably to get them ready for school and reduce the extent of the need for school health services for children in the first year of school. Such care should also be extended through adolescence.

"In school health programs, the availability of community resources to which children can be referred for diagnosis and treatment is the critical factor in the essential follow-up services. Without such resources, school health services have little meaning for low-income families. Communities are finding that they do not have

adequate resources to which children can be referred for diagnosis and treatment when they are found to be in need of treatment through school health programs and their resources for the examination, diagnosis, and treatment of preschool children to help them prepare to enter school are also too few and too crowded.

“Large numbers of our children enter school and spend their school days with conditions which interfere with their growth, development and education:

“About 10,200,000 school children are in need of eye care;

“About 1,500,000 children have hearing impairments--7 percent already have hearing loss when they enter school;

“One in five children under age 17 has a chronic ailment;

“Four million children are emotionally disturbed;

“Half the children under 15 years in the United States have never been to a dentist . . . ;

“Children in families with incomes of less than \$2,000 visit the doctor only half as frequently as those in families with incomes of more than \$7,000;

“Your committee’s proposal will make possible programs organized to make maximum use of available community medical services and to bring about a better distribution of the low-income patient group among public and voluntary community clinics and hospitals.”²

The major objective of the legislation is to make possible programs which will provide comprehensive health services for children in low-income families, through promotion of health as well as medical care, including casefinding, preventive health services, diagnosis, treatment, correction of defects, and aftercare, both medical and dental. The emphasis in a project is to be placed upon the comprehensiveness and continuity of services; that is, the children admitted to the program are to be provided (either directly or through coordination with other local health, education and welfare programs) with the services they need. In other words, the project will take care of the health problems of a given child population, both medical and dental, physical and emotional. The limitations which must be imposed are directed to the size of the population which is included rather than to the acceptance of only specific diagnostic conditions, as is done in most crippled children’s programs.

² Social Security Amendments of 1965, Report of the Committee on Ways and Means on H.R. 6675, House Report No. 213, 89th Congress, 1st Session.

Although casefinding, prevention and treatment services must be included, the project itself does not necessarily have to provide each service if any being provided by other agencies meet the standards established in the project. For example, if the project includes children in a school which provides an acceptable screening program for vision and hearing, it may not be necessary for the project to repeat these, but rather to assure adequate follow-up. In other words, a project can develop, in conjunction with the school authorities, a model school health program including screening, diagnosis, treatment and aftercare, utilizing the facilities and services already available within the school health program.

Projects may include only preschool children, or children and youth of school age, or both. To further the objective of continuity of care and early identification of children with health problems, it is recommended that projects include children of all ages. The special project should make it possible:

- to improve the quality of health care of children in low-income families;
- to increase the quantity of needed services and make them more readily available to the population to be served;
- to better coordinate and more efficiently administer the health care given to low-income children of the area;
- to encourage families to utilize health supervision for their children;
- to distribute the child patients in low-income families more equitably among the community's health resources;
- to guide families to community resources which are appropriate to the needs of their children;
- to reduce preventable illness and disability among children in the project area and to ameliorate chronic conditions amenable to treatment;
- to offer an opportunity to develop, test and apply new methods of providing care to children.

Collaboration of project staff with appropriate staff of community agencies and utilization of services available to children are essential components of a project. The services of maternal and child health, crippled children, child welfare, and related school programs are examples of services which should be utilized.

Within a comprehensive program, a special emphasis may be developed, such as services for the adolescent.

Under special circumstances, if specified in the plan, certain children from outside the project area may receive services offered by the project staff; for example, children of agricultural migrants might be included. Children receiving services under the project, who move to a neighborhood outside of, but adjoining the project area, may continue in the program, if the project director considers this in the child's best interest.

V. ELEMENTS OF PROJECT APPLICATIONS

- A. The geographic area included in the program should be specified. These can be census tracts, school districts, or counties, particularly areas with concentrations of low-income families. Statistics should be included regarding the characteristics of the population in the project area.
- B. Information should be provided regarding the community resources to be involved in carrying out programs, e.g., schools, day care centers, Project Head Start centers, hospital outpatient and inpatient services and the programs for children administered by health and welfare departments. The application should show how the services provided under the project will be coordinated with other local programs for children. Agreements of understanding relative to the provision of services which may be developed between the project and other agencies, institutions or vendors should be included in the application.

The Conference Report of the House of Representatives and the Senate relative to the appropriation for the project grants authorized in Sec. 532 states that the conferees intend that there be no duplication in the administration of these programs and the health services for children provided under programs administered by the Office of Economic Opportunity. "The conferees intend that there be no duplication in the administration of these programs. The appropriate subcommittees of the House and Senate Appropriations Committees will carefully review the experience of both programs to determine that full coordination has been accomplished."³

Much of the coordination of these two programs will have to take place at the local level. The application therefore should include a statement to the effect that the project director will take appropriate steps to coordinate the services provided under the project with related community action programs of the Office of Economic Opportunity.

³ 89th Congress, 1st Session, House of Representatives Report No. 1198, October 21, 1965, p. 8.

- C. The scope and content of the program should be described including the services to be provided. The application should describe how screening, diagnosis, preventive and treatment services and aftercare will be provided, how continuity of care will be maintained, and how the program will be coordinated with existing related health, welfare and education services.

The program to be developed should be responsive to the problems presented by the children of low-income families in the community. While these vary, there are a number of program elements which are generally applicable to most communities.

Preventive health services beginning in infancy and continuing through childhood need special emphasis. Studies of immunization levels, one index of child health supervision, bring out repeatedly that it is the children in low-income families who have the lowest rate of immunizations. In many urban communities, child health supervision, which has become so well accepted by middle class families, does not reach many of the children who need it most. Departure from traditional methods of providing child health supervision may be necessary, such as, treating minor illnesses in child health conferences, and more extensive use of public health nurses for child health supervision.

A program of child health supervision makes possible the early identification of children who have or are likely to develop physical as well as emotional problems. Well-baby clinics, prenatal clinics, Project Head Start centers, school health programs, hospital emergency rooms, child welfare programs for dependent and neglected children all provide opportunities for identifying such children and beginning appropriate action. A large proportion of the mentally retarded, emotionally disturbed and delinquent children are in low-income families and community responsiveness to these problems has been inadequate in most communities.

Dental care is a major need of low-income families and its inclusion is a statutory requirement. The National Health Survey has reported that 59.5 percent of children aged 5-14 years in families with incomes of less than \$2,000 had never been to a dentist compared with 9.7 percent of children in families with incomes of \$7,000 and over. In the under \$2,000 income per year group, 31.8 percent of the dental visits were for extractions compared with 4.8 percent for this purpose in the higher income group. A program of preventive dental health services and dental care is an essential component of comprehensive child health services.

In planning comprehensive health services for children and youth, the organization of services is a key element in the program. In some communities, decentralization of outpatient services may be necessary to relieve long waiting and crowding and to bring medical services into the neighborhoods where the families live. Such neighborhood or satellite clinics conducted in health centers, housing developments,

schools or other facilities, and staffed by a medical center, would be components of a district or regional plan with its central focus in a teaching hospital. Screening examinations of youngsters in secondary schools, for example, and the treatment of their minor illnesses could take place in clinics in or near the school while an adolescent clinic established in a medical teaching center could provide diagnosis and treatment for appropriately selected youngsters.

The projects will offer opportunities to learn how personnel with varying levels of education, working under the supervision of professional staff, can contribute to carrying out the project objectives, not only in clinics but in health education activities, in screening programs, in follow-up and home visiting.

Concurrent studies of various aspects of the services being provided are encouraged so as to obtain such information as the characteristics of patients, the reasons why patients fail to keep appointments, how to modify health education programs for low-income class families, to what extent parents understand the instructions and advice given by clinic staff, and studies of the extent to which administrative procedures and staff attitudes toward this population are affecting the use of the services by these families.

D. The administrative structure of the project should be described. The core group, who will be involved in the overall planning, direction and administration of the project, should be identified and their relationship to each other and to the other project staff should be spelled out. Usually the core staff will consist of the project director, who is a pediatrician, an administrative person, and representatives of those professional disciplines which are necessary to carry out the objectives of the program.

Organization charts would be of value in the plan material, for example, one showing the administrative relationship of the project to the agency or institution of which the project is a part, another showing the organization of the project staff itself. Other charts, graphs or visual materials, which aid in explaining the project, should be included.

E. Standards

1. Projects should be designed to assure continuity in the medical management or supervision of care of each child, and to provide for medical, dental, hospital, and other services to meet the health needs of children.
2. Project plans shall describe the standards used in the selection of personnel and medical facilities to be utilized in the provision of services. Criteria for

such standards should (a) be the best available for the attainment of the objectives of the program, (b) assure a high standard of care, and (c) be in accord with national standards accepted by the Children's Bureau or with standards prescribed by the Bureau.

Following are the standards which are to be met by the project:

Hospitals:

- (a) Joint Commission on the Accreditation of Hospitals,
- (b) Standards and Recommendations for Hospital Care of Newborn Infants, American Academy of Pediatrics, and
- (c) The Care of Children in Hospitals, American Academy of Pediatrics.

Other Child Care Facilities: Conformance with national standards or recommendations.

Personnel:

Physicians. Certification by specialty boards or eligibility for such certification.

Other Professional Personnel: See Appendix I - Standards for Professional Personnel.

If, however, a project is planned for an area in which it is not possible to comply with national standards accepted by the Children's Bureau, the plan should include a description of steps to be taken which will contribute to the improvement of care. Steps in this direction might include the use of consultants on a regular basis, post graduate and inservice education and progressive improvement of hospital facilities staffing, etc., within a reasonable length of time.

- F. For each position included in the project, provide the requirements of training and experience and an outline of the duties.
- G. Eligibility for services should be described. Applications should take into account the fact that a major objective of the program is to increase the availability and accessibility of medical services. Therefore,

1. Services should be available:

Without any requirement for legal residence except that the child is currently living in the area served by the project,

Upon referral from any source including the parent's own application,

Without any requirement for court commitment as a prerequisite for any part of the care,

With respect for the dignity of the individual regardless of the family's social circumstances,

Using efficient administrative procedures for registering children, avoiding prolonged waiting and multiple visits for registration,

Without regard to race, religion, nationality or ethnic background,

Without exclusion because of mental or emotional condition.

2. Screening and diagnostic services and preventive health services should be available without charge to any child in the project area.

3. The determination of eligibility for treatment services is the responsibility of the project director. Treatment and correction of defects may be provided for children who would not otherwise receive them because they are from low-income families or for other reasons beyond their control. In determining eligibility, the project staff should take into account the family's income, the costs of medical and hospital care and the other financial responsibilities of the family. The modest but adequate income as recommended by the U.S. Bureau of Labor Statistics is recommended as the basic standard for determining financial eligibility with special needs being taken into account beyond that income level.⁴

The plan should describe the general methods as to when, where, how and by whom children will be identified as eligible for treatment. It should also describe the method to be used to help assure that treatment is received by those children for whom treatment is not provided by the project.

⁴ Principles and Criteria for Determining Medical Indigency - Report of the Committee for the Project of the National Council on Aging. American Journal of Public Health, Volume 54, No. 10, October 1964.

VI. CIVIL RIGHTS

The Department of Health, Education, and Welfare Regulation, 45 CFR Part 80, implementing Title VI of the Civil Rights Act of 1964, requires that, before a grant is awarded, each applicant must submit written assurance that it is in compliance with this Regulation, to the end that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance from the Department of Health, Education, and Welfare.

Grants to State Agencies. Grants to State agencies are made under State-administered continuing programs for purposes of the Department of Health, Education, and Welfare Regulation. Such programs are covered by the Statement of Compliance and Methods of Administration submitted by such agencies and found acceptable by the Department. The official authorized to submit plan material must submit a signed statement that the Statement of Compliance and Methods of Administration submitted previously are applicable to the program of Project Grants to Provide Health Services for Children and Youth (Section 532, Social Security Act). This should be accompanied by additional Methods of Administration, if necessary to insure nondiscrimination in the new program and a description of any noncompliance which may affect this program.

Grants to Other Agencies and Institutions. Where the grants are made to health agencies of political subdivisions of States, schools of medicine and dentistry, or teaching hospitals, the procedures under the DHEW Regulation for programs other than State-administered continuing programs are applicable. Such grantees give assurance of compliance on HEW Form 441. If this form has previously been furnished, in connection with other grants, the grantee need only state this fact and give the date of submittal. Once executed the form applies to all Federal financial assistance received by the grantee from this Department.

VII. USES OF PROJECT FUNDS (FEDERAL AND MATCHING)

- A. When approved in the plan and budget, funds may be used for the direct costs of operating and maintaining the project. The following direct costs may be incurred:
 1. Salaries, including fringe benefits for full or part-time professional personnel such as physicians, dentists, nurses, medical social workers, nutritionists, dietitians, speech pathologists and audiologists, physical and occupational therapists, technicians, etc., and other personnel such as secretaries, typists, clerks.

2. Fees for consultants and specialists.
3. Travel of personnel, consultants, and specialists in carrying out the activities approved in the plan. In accordance with the President's instructions to reduce costs, travel should be held to that which is essential and staff whose travel is financed through project funds should use coach or tourist class when practicable.
4. Purchase of inpatient and outpatient hospital services. The project shall pay the reasonable cost, expressed in terms of an inclusive inpatient per diem rate, of inpatient hospital services. The approved standard for this program for determining such cost is contained in Hospital Statement of Reimbursable Cost, Form JHF-1. Such cost may be determined, also, in accordance with a comparable statement of expenses which includes only items allowable under Form JHF-1. The project shall not use fixed ceilings in paying for inpatient hospital services. It should be noted that the standard for determining the reasonable cost of inpatient hospital services is under continuing study, and is subject to change.

In addition, the project shall pay for outpatient services in accordance with the relevant provisions of Form JHF-1 or other comparable statement of expenses.

5. Purchase of other community services such as homemaker and visiting nurse services.
6. Transportation of patients. Payment of the usual rates for the mode of travel that is consistent with the needs of the child and parent may be included as expense in an approved project.
7. Purchase of appliances such as hearing aids and eye glasses.
8. Purchase of supplies, biologics, drugs, blood, oxygen, X-rays, laboratory services, etc., as required in the provision of medical care. Purchase of dietary products for treatment of inborn errors of metabolism may also be approved.
9. Rental of privately owned facilities where adequate space cannot be provided by the grantee. Rental charges may not exceed the lowest rate for comparable space within the community as supported by statements from three qualified disinterested individuals.
10. Equipment may be approved when it is required. Each item of non-expendable equipment must be listed in the budget or plan. Justification must accompany any request for equipment.

11. Other expenditures directly related to the operation of the project, such as, telephone service, mimeographing, etc.
 12. Minor alterations when specific approval is obtained.
- B. Project funds may not be used to pay the following:
1. Construction of buildings.
 2. Depreciation of existing building or equipment.
 3. Dues to societies, organizations, or federations.
 4. Entertainment costs.
 5. General agency overhead.
 6. Food except for demonstrations by project staff.
 7. Any other costs not approved in the plan and budget.
 8. Grant funds may not be paid to individuals in the grantee institution as consultants, except where justified. In such instances, prior approval of the Children's Bureau must be obtained.
 9. Consultant fees, travel, or other costs for Federal employees.

VIII. APPLICATION PROCEDURES

- A. Applicants wishing to submit a project proposal should first contact the Children's Bureau Regional Medical Director to make their interest known. Children's Bureau staff will assist in the development of the applicant's project proposal.
- B. A formal proposal for a project grant will be made on Form CB-51, Project Application. Each Project Application must be accompanied by a written project proposal, as described in Section V of this manual and by a completed Project Budget, Form CB-52.
- C. Completed applications, budgets and project proposals are to be submitted to the Regional Medical Director. Twenty copies of each document are required. When a project is to be granted directly to a local health agency, two copies of Form CB-50, State Health Agency Consent, are to be included.

IX. REVIEW AND APPROVAL PROCEDURES

The applicant will be notified in writing of any action taken in regard to project proposals, plan and budget revisions and renewal applications by the Children's Bureau Regional Medical Director.

A. New Applications

The Children's Bureau will review all applications for completeness of program content, conformity to law, regulations, policies and procedures. Additional information, clarification, or changes may be requested as necessary. The Children's Bureau may refer a project to outside consultants for review and recommendations.

B. Plan and Budget Revisions

1. A revision of the project plan is required in duplicate when a change in the scope of activities is contemplated. Revisions are subject to the same Bureau approval as the original applications.
2. Budget revisions in triplicate with justifications are required whenever:
 - a. the total project funds are increased or decreased,
 - b. a new budget item is to be added,
 - c. a budget item is increased by 25 percent or \$1,000 whichever is greater (each position entry under Personnel is considered a budget item),
 - d. a budget item is decreased by 25 percent or \$1,000 whichever is greater and such amount is to be expended for other items, or,
 - e. additional items of non-expendable equipment are to be purchased.

C. Renewal Applications

For each succeeding year of support requested by the grantee, he must submit to the Children's Bureau Regional Medical Director, 60 days prior to termination of the grant period, the following forms:

1. Project Application, Form CB-51, (original and one signed).
2. Revisions to plan, when required (two copies).

3. Project Budget, Form CB-52 (original and two signed).
4. Annual Narrative Report, (twenty copies).
5. State Health Agency Consent, Form CB-50, when required, (original and one copy for each renewal).

Project renewals will be contingent upon satisfactory development of the project and will have first claim on available project funds.

X. GRANT ADMINISTRATION

A. Grant Period

New applications approved before December 31 will be approved for the period ending the following June 30. New applications approved after January 1 may be approved for varying periods up to 18 months but not beyond June 30 of the succeeding fiscal year.

B. Grant Payments

1. Grant payments for projects awarded to the health agency of any political subdivision of the State, to schools of medicine, and to teaching hospitals affiliated with schools of medicine, will be made for the Children's Bureau through the National Institutes of Health, U.S. Public Health Service. Appropriate instructions on payment procedures will be issued by the Financial Management Officer, National Institutes of Health, Bethesda, Maryland.
2. Grant payments for projects awarded to State Health Agencies and State Crippled Children's Agencies will be made through the Letter of Credit system and will be included with other Children's Bureau grants. Grant awards will be based on the submission of Form CB-53, Quarterly Request for Grant Award, and will be used to determine the monthly maximum withdrawals through the Letter of Credit system.

C. Grant Termination

Upon completion or termination of a project, the proportion of unexpended funds attributable to the Federal grant shall be refunded and an agreement on the disposition of equipment will be negotiated. Termination shall not affect obligations incurred prior to the termination date of the grant.

XI. FISCAL POLICIES

A. Grant Expenditures

All project funds are to be expended in accordance with the approved budget. Expenditures must be incurred within the period for which the grant is approved.

Expenditures must be supported by invoices, vouchers, contracts and agreements, records and so forth. Unsupported expenditures will be disallowed.

B. Encumbrances

Funds may be encumbered at the end of the grant period for only those specific commitments which are supported by contracts, invoices, purchase orders, priced requisitions or other evidences of liability consistent with the grantees purchasing procedures. Funds may be encumbered for hospital care of patients in hospitals at the end of the grant period or for hospital care authorized prior to the end of the grant period for an individual to enter the hospital on a specific date thereafter. Funds may be encumbered in such cases for a period not to exceed the hospital's first billing period in the next grant year or July 31, whichever time is earlier.

Funds may be encumbered for medical care for individuals for whom care has been authorized for a specific period and was begun prior to the end of the grant period provided the estimated cost of care is based upon a fee for services.

Funds may not be encumbered at the end of the grant period for payment of salaries or other personal services representing work performed after the close of the grant period.

C. Unencumbered Balances

Any unencumbered balances of Federal project funds remaining at the close of a grant period are available for the following year's operation of the project; however, such amounts will be deducted from the following year's payments. If a project is not continued the unencumbered balance is to be returned to the Children's Bureau at the time the final expenditure report is submitted.

D. Income and Collections

Income and collections made during the course of the project are to be credited to the Federal account in the same ratio as Federal funds bear to the total expenditure of the project.

E. Expenditure Ratio and Matching Requirement

The grantee is required to expend State, local or other matching funds to carry out the aims of the project, in an amount equal to the proportion that such matching funds bear to the total amount approved on the Project Budget, CB-52, for the grant period. In no case can matching expenditures be less than 25 percent of the total project cost.

F. Equipment and Supplies

All items of equipment or supply purchased wholly or partly with project funds are to be used only for the purposes for which such funds may be allowed under the approved project and the grantee shall maintain complete equipment inventory and adequate property controls.

Equipment items purchased with project funds must be itemized and approved in the plan or budget prior to purchasing.

G. General Agency Overhead

Project funds may not be used for general agency overhead. General agency overhead, or indirect costs, are those costs which are supportive in nature such as rent, heat, light, telephone, general agency accounting and personnel costs, etc., which are not readily assigned to a particular activity under accepted accounting practice. Direct project costs, as distinguished from general agency overhead, are those costs which are directly incurred with respect to an approved project.

H. Personnel

1. Each full-time or part-time position supported from project funds must be listed separately on the Project Budget, Form CB-52.
2. Positions in a generalized service may be filled on a time equivalent basis provided that:
 - a. The agency maintains objective records through such means as time studies, activity reports, or other methods to document the fact that services that have been performed for the project are at least equal to the project funds expended. The method(s) must be fully described in the plan.
 - b. The project plan and budget include one person who is assigned responsibility for liaison and coordination between the project and the regular programs.
 - c. Project costs identified as matching are not used to match any other Federal grant.

XII. RECORDS

All records supporting claims for Federal grants, or relating to the accountability of the State or other grantee agency for expenditures of Federal grants and match-

ing funds must be kept intact until the completion of the fiscal audit and/or such other reviews as are regularly conducted by the Federal agencies, or for three years, whichever is later. The records involved in any claims or expenditures which have been questioned should be further maintained until necessary adjustments have been made and the adjustments have been reviewed and cleared by the Federal agencies. The Department of Health, Education, and Welfare does not require that records be maintained beyond this period unless, under special circumstances, the grantee agency is specifically advised that certain record materials should be retained until specific questions are settled. It is recognized that the grantee agency, by law or regulation, may make additional requirements.

A. Patient Records

A health and medical record is to be established for each patient accepted by the project for care. This record will contain all information relative to the patient which is needed to assure comprehensiveness and continuity of care. The record will be used as an administrative as well as a medical management tool and should include such things as the identifying data, medical and social histories, diagnostic and treatment service records, follow-up clinic and home care services, authorization and vouchers for purchased care, referral records and so forth.

B. Financial Records

1. Operational Records:

The agency must maintain separate project records including project cost ledgers, documents, and other information relating to the project which are needed to facilitate submission of reports.

2. Authorizations for Services:

Authorizations for services, which are paid from project funds, are to be maintained by the grantee. A record for each patient should show the services authorized, and the amounts expended for specified types of approved services. The proposed method used in authorizing services should be outlined in the project plan.

XIII. REPORTS

A. Statistical

The grantee will submit statistical reports on forms developed by the Children's Bureau. The Children's Bureau will prepare statistical reporting forms which will include such data as:

1. number and identifying characteristics of patients as age, sex, race,
2. services provided, including casefinding, diagnosis, treatment, and aftercare,

3. results of services rendered.

Statistical reports are required as a condition of grant continuation.

B. Expenditures

A Project Expenditure Report, Form CB-54, must be submitted for each three months of project operation. The period covered by this quarterly report must conform to the four quarters of the July 1 to June 30 fiscal year. Each report is to be cumulative and will include all prior expenditures in the approved grant period. Reports are due 45 days after the close of the quarter.

C. Narrative

A narrative report is required 60 days prior to the beginning date of a new grant period. The grantee will evaluate the results or progress made toward meeting the needs described as the objectives of the project. Suggestions for evaluating the project are available through consultation with the Children's Bureau consultant staff.

XIV. REGULATIONS

Children's Bureau regulations will apply to project grants provided they are not in conflict with the foregoing policies and procedures. A copy of such regulations is available in the State Health Agency and the Children's Bureau Regional Offices.

XV. SUMMARY OF REQUIRED MATERIALS

A. For Project Application

Project Application, Form CB-51 (20)
Project Budget, Form CB-52 (20)
Project Proposal (20)
State Agency Consent, Form CB-50 (2)

B. For Project Renewal

Project Application, Form CB-51 (2)
Revisions to Plan (2)
Project Budget, Form CB-52 (3)
State Agency Consent, Form CB-50 (2)
Annual Narrative Report (20)

C. Other

Expenditure Report, Form CB-54 (2)
Statistical Report, Form CB-____(2)

APPENDIX I
STANDARDS FOR PROFESSIONAL PERSONNEL

- A. Dentist
- B. Nurse
- C. Nutritionist
- D. Medical Social Work
- E. Speech & Hearing Specialists
- F. Physical Therapist
- G. Occupational Therapist
- H. Administrative Officer
- I. Other Project Staff

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original document.**

APPENDIX I

STANDARDS FOR PROFESSIONAL PERSONNEL

Personnel standards continued from page 8.

DENTIST

Graduate of a dental school accredited by the Council on Education of the American Dental Association. Dental specialists must be board certified or board eligible or otherwise recognized by a competent dental society of the state as a qualified specialist in the field.

NURSE

Chief Project Nurse

1. Master's degree in nursing with an advanced program of study in pediatric, maternal and child health, public health or school nursing accredited by the National League for Nursing
2. Experience in administration, consultation, teaching or supervision.

Professional Nurses

1. Qualifications of education and experience equal to the qualifications for the position to which each nurse is appointed as described in the document listed below.¹
2. Experience in giving skilled nursing care to children based upon up-to-date knowledge of growth and development.

Practical Nurses

1. Graduate of a school of practical nursing with state accreditation at the time of graduation.
2. Current license to practice as a practical nurse if the state licenses practical nurses.

¹ Class Specifications for Nursing Positions. A Guide for State and Local Public Health Agencies. U.S. Department of Health, Education, and Welfare.

Nurses' Aides

Completion of elementary school education and eligible for high school enrollment.
(For detailed information on qualifications, see footnote 1, page 21.)

NUTRITIONIST

Chief Project Nutritionist

1. A master's degree with a major in nutrition.
2. Completion of an approved hospital dietetic internship or training and experience which meets requirements for membership in ADA.
3. Two years of full-time professional experience in nutrition or dietetics, one year of which must have been in a public health agency.

Staff Nutritionist

1. Graduation from an accredited college or university including or supplemented by course work required for a major in food and nutrition.
2. Completion of hospital dietetic internship or training and experience which meets the requirements for membership in ADA.
3. One year of experience in nutrition or dietetics which included work in therapeutic and normal nutrition or completion of a master's degree in nutrition as applied to public health.

Dietitian

1. Graduation from an accredited college or university including or supplemented by course work required for a major in foods and nutrition or institutional management.
2. Completion of a hospital dietetic internship or training and experience, which meets the requirements for membership in ADA.
3. Two years experience, including therapeutic and normal nutrition, in a hospital which provides pediatric care.

For detailed information on qualifications of nutrition personnel, see footnotes 2, 3, 4.

MEDICAL SOCIAL WORK

Chief Social Worker

1. Master's degree from an accredited school of social work.
2. Experience in social work administration, supervision, consultation or teaching experience in a health agency such as a hospital social service department or public health department.

Social Worker

1. Master's degree from an accredited school of social work.
2. Experience commensurate with the responsibilities to be assigned (supervision, consultation, community organization, casework and so forth).

For detailed information regarding training and experience see footnotes 5, 6, 7.

SPEECH AND HEARING SPECIALISTS

Chief Speech Pathologist or Audiologist

1. Ph.D. in the field of speech pathology and/or audiology.

² "Guide Specifications for Nutritionist Positions in State and Local Public Health Programs" - U.S. Department of Health, Education, and Welfare, Washington, D.C. 1963.

³ "Educational Qualifications of Nutritionists in Health Agencies" - JAPHA, 52, 1 January 1962.

⁴ "Academic, Experience, Endorsement and Supervision Requirements for Membership in the American Dietetic Association" - American Dietetic Association, 620 North Michigan Avenue, Chicago, Illinois 60611.

⁵ "Educational Qualifications of Social Workers in Public Health Programs" - JAPHA, 52, 2, February 1962.

⁶ "Essentials of a Social Service Department in Hospitals and Related Institutions", American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois. November 1960.

⁷ The Council on Social Work Education, 345 East 46th Street, New York, New York, maintains a listing of the accredited schools of social work.

2. Certified, or eligible for certification, as appropriate by the American Speech and Hearing Association.
3. Five years of experience in clinical specialty.

Staff Speech Pathologist or Audiologist

1. M.A. in the field of speech pathology and/or audiology.
2. Certified or eligible for certification by the American Speech and Hearing Association.
3. Three years of full-time experience in clinical work including both diagnostic and therapy experience.

Staff Speech Therapist (Speech Clinician) or Hearing Therapist (Hearing Clinician) - This title refers to the person who is to conduct speech and language development and retraining procedures.

1. M.A. in the field of speech pathology and/or audiology.
2. Certified or eligible for certification by the American Speech and Hearing Association.
3. One year of experience (clinical).

Chief Audiometrician (Audiometrist)

1. B.A. degree.
2. Specialized training in hearing testing procedures.
3. One year of experience.

Audiometric Technician

1. Secondary education.
2. Specialized training in testing techniques.

PHYSICAL THERAPIST

1. Graduation of a school of physical therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Physical Therapy Association or, if graduated prior to 1936, from a school or course in physical therapy approved by the American Physical Therapy Association.
2. Three years physical therapy experience, including at least six months in the care of children, or two years physical therapy experience if under the supervision of a qualified physical therapist who has had at least three years experience, including considerable experience in the care of children.
3. Meet the State Merit System requirements for comparable positions in crippled children's services.
4. In states having Physical Therapy Practice Acts, the therapist must be in compliance with the law. For detailed information on qualifications of physical therapist see footnotes 8, 9, 10 and 11.

OCCUPATIONAL THERAPIST

1. Graduation from a curriculum in occupational therapy approved by the American Medical Association in conjunction with the American Occupational Therapy Association.
2. Not less than that of the State Merit System requirements for comparable positions in crippled children's services.
3. At least one year of clinical work in evaluation and treatment of handicapped children.

For detailed information see reference in footnote 12.

⁸ "Educational and Experience Qualifications of Physical Therapists in Public Health Agencies" - American Journal of Public Health Vol. 44, No. 3, March 1954, American Public Health Association, 1790 Broadway, New York, New York 10019.

⁹ "Physical Therapy - Personnel Policies and Professional Practices", American Physical Therapy Association, 1790 Broadway, New York, New York 10019.

¹⁰ "Physical Therapy Essentials of a Hospital Department", American Hospital Association, 18 East Division Street, Chicago 10, Illinois.

¹¹ "Non-Professional Personnel in a Physical Therapy Department", American Physical Therapy Association.

¹² "Administrative Practices and Personnel Policies", American Occupational Therapy Association, 250 West 57th Street, New York, New York.

PROJECT ADMINISTRATIVE OFFICER¹³

1. Master's degree in Medical Care Administration, Public Health Administration or Hospital Administration and one year administrative experience in a public health or medical care program, or
2. Bachelor's degree in Business Administration, Public Administration or in a related field and three years of progressively responsible experience, including supervision of clerical staff, in a public health or medical care program.

OTHER PROJECT STAFF¹³

Statisticians, health educators or other professional personnel who do not fall into the above categories should meet the qualifications of their professional associations or societies and other qualifications which are to commensurate with their responsibilities.

¹³ The American Public Health Association, 1790 Broadway, New York, New York, is a source of information.

APPENDIX II

FORMS

CB-50 State Health Agency Consent

CB-51 Application

CB-52 Budget

CB-53 Quarterly Request for Grant Award

CB-54 Expenditure Report

HEALTH SERVICES FOR CHILDREN AND YOUTH PROJECT
STATE HEALTH AGENCY CONSENT

I, _____,
(Name) _____,
(Title)

certify that the _____ consents
(State Health Agency)

to grants by the Children's Bureau to _____ of
(Health Agency)

_____ for the project, pursuant to Title V, Part 4, Section 532,
(Political Subdivision)

of the Social Security Act, as amended, with respect to which said _____
(Health Agency)

has made application to the Children's Bureau on _____.
(Date)

(Signature) _____
(Date)

Submit in duplicate.

**HEALTH SERVICES FOR CHILDREN AND YOUTH PROJECT
 APPLICATION**

Application is hereby made to the Children's Bureau for a Health Services for Children and Youth Project grant in the amount and for the period indicated, and for the purpose described in the project plan submitted with this application and in accordance with the conditions below:

1. PERIOD FOR WHICH GRANT IS REQUESTED:		2. AMOUNT REQUESTED: \$ _____
FROM (Month, Day, Year)	TO (Month, Day, Year)	
3. ESTIMATE OF FUTURE REQUIREMENTS:		
2ND YEAR \$ _____ 3RD YEAR \$ _____ 4TH YEAR \$ _____ 5TH YEAR \$ _____		
4. GRANTEE CONTRIBUTION: \$ _____		5. SOURCE OF GRANTEE CONTRIBUTION(S):
6. GRANTEE AGENCY: (Name, Locality, State)		7. PROJECT DIRECTOR: (Name, Title, Address)
8. FINANCIAL OFFICER TO WHOM PAYMENT IS MADE: (Name, Title, Address)		9. OFFICIALS AUTHORIZED TO SIGN FOR GRANTEE: (Names and Titles)

CONDITIONS: It is understood and agreed by the applicant that (1) Project funds will be used only for the conduct of the project as approved and in accordance with Children's Bureau regulations, conditions and policies. (2) The grant may be terminated, in whole or in part, at any time at the discretion of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) The applicant will request the project be revised prior to any material change in the approved plan of operation, or method of financing. (4) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare.

CIVIL RIGHTS: Statement of Compliance or Assurance of Compliance (HEW 441) submitted herewith ; previously submitted

_____ in accordance with D.H.E.W. Reg., Title VI of Civil Rights Act of 1964.
 (Date)

DATE:	SIGNATURE OF AUTHORIZED OFFICIAL
-------	----------------------------------

ATTACH BUDGET AND PROJECT PLAN TO THIS FACE SHEET.

HEALTH SERVICES FOR CHILDREN AND YOUTH PROJECT
BUDGET

PROJECT NO.
REVISION NO.
DATE SUBMITTED

APPLICANT OR GRANTEE AGENCY		STATE
BUDGET PERIOD	BEGINNING (Month, Day, Year)	ENDING (Month, Day, Year)
SIGNATURES	EXECUTIVE OFFICER	PROJECT DIRECTOR
	BUDGET APPROVED (Children's Bureau)	
		DATE
SUMMARY OF FUNDS		
	CHILDREN AND YOUTH FUNDS	STATE, LOCAL AND OTHER FUNDS
I. PAYMENTS FOR CARE		
II. PERSONNEL		
III. OTHER EXPENDITURES		
TOTALS		

I. PAYMENTS FOR CARE

ITEM NO.	TYPE OF EXPENDITURE	AMOUNT BUDGETED		
		CHILDREN AND YOUTH FUNDS	(S) (L) (O)	STATE, LOCAL, AND OTHER
(1)	(2)	(3)	(4)	(4)
(1)	PHYSICIAN SERVICES A. CLINIC B. CONSULTATION C. OTHER (SPECIFY)			
(2)	DENTAL SERVICES A. CLINIC B. CONSULTATION C. OTHER (SPECIFY)			
(3)	OTHER PROFESSIONAL SERVICES			
(4)	HOSPITAL SERVICES A. OUTPATIENT B. INPATIENT C. OTHER (SPECIFY)			
(5)	DIAGNOSTIC & SCREENING SERVICES (SPECIFY)			
TOTAL				

INSTRUCTIONS

- A. Twenty copies of the budget are to be submitted to the Children's Bureau Regional Medical Director. An approved copy will be returned to the grantee.
- B. Three copies of budget revisions are required whenever:
- (1) the total project funds are increased or decreased,
 - (2) a new budget item is to be added,
 - (3) a budget item is increased by 25% of \$1,000 whichever is greater (each position entry under Personnel is considered a budget item),
 - (4) a budget item is decreased by 25% or \$1,000 whichever is greater and such amount is to be expended for other items, or,
 - (5) additional items of non-expendable equipment are to be purchased.
- An approved copy will be returned to the grantee.

C. Project Number and Revision No.

- (1) Insert project number assigned when original budget is approved. This number will be used on all budget revisions and when the project is continued into the following year.
- (2) Insert revisions number when budget is submitted as revision of current year's plan.

D. Summary of Funds - Enter the totals from Sections I, II, & III on pages 1, 2, and 3 of this form.

E. Section I - Payments for Care

- (1) Include all amounts which will be used for payment for care.

Column 1 - Item Number	Each budget item listed has an identifying number; if additional items are budgeted continue the numbering.
Column 2 - Type of Expenditure	If payments other than those listed are to be made, list the type.
Column 3 - Amount Budgeted	Enter the amount of Children and Youth funds requested for each budget item.
Column 4 - Amount Budgeted	Indicate the source of the Agency's funds with the letter (S) State, (L) Local, and (O) Other (specify). Enter the amount for each item budgeted.

II. PERSONNEL

ITEM NO.	PER-CENT TIME	TITLE OR CLASS OF POSITION	ANNUAL SALARY RATE	NO. OF MONTHS	AMOUNT BUDGETED		
					CHILDREN AND YOUTH FUNDS	(S) (L) (O)	STATE, LOCAL AND OTHER FUNDS
(1)	(2)	(3)	(4)	(5)	(6)		(7)
TOTALS							

INSTRUCTIONS (Continued)

F. Section II. - Personnel

(1) List all positions, full or part time:

- a. Include professional personnel such as physicians, dentists, nurses, medical social workers, nutritionists, dietitians, physical therapists, etc.
- b. Include nonprofessional personnel such as clerks, typists, secretaries, etc.

Column 1 - Item Number	Each individual budget item should be given an identifying number.
Column 2 - Percent Time	Indicate the percentage of time the incumbents devote to the project during the regularly scheduled workweek.
Column 3 - Title or Class of Position	List each individual position budgeted in the project.
Column 4 - Annual Salary Rate	List the salary for each full or part-time position on the basis of the position being full time and filled for the entire year.
Column 5 - Months	Indicate the number of months the incumbent will spend on the project.
Column 6 - Amount Budgeted	Enter the amount of Children and Youth funds for each position, estimating known or anticipated vacancies and lapses in salaries.
Column 7 - Amount Budgeted	Indicate the source of the Agency's funds with the letter (S) State, (L) Local and (O) Other (specify). Enter the amount for each item budgeted, estimating known or anticipated vacancies and lapses in salaries.

G. Section III. - Other Expenditures

(1) Include biologics, drugs, blood (when not donated), oxygen, X-rays, laboratory services, etc.

(2) Include supplies, patient transportation, staff travel, equipment, retirement, social security, communications, etc.

Column 1 - Item Number	Each individual item should be given an identifying number.
Column 2 - Type of Expenditure	List each category of expenditure.
Column 3 - Amount Budgeted	Enter the amount of Children and Youth funds requested for each budget item.
Column 4 - Amount Budgeted	Indicate the source of the Agency's funds with the letter (S) State, (L) Local, and (O) Other (specify). Enter the amount of each item budgeted.

III. OTHER EXPENDITURES

ITEM NO.	TYPE OF EXPENDITURE	AMOUNT BUDGETED		
		CHILDREN AND YOUTH FUNDS	(S) (L) (O)	STATE, LOCAL AND OTHER FUNDS
(1)	(2)	(3)		(4)
TOTALS				

**HEALTH SERVICES FOR CHILDREN AND YOUTH PROJECT
QUARTERLY REQUEST FOR GRANT AWARD**

PROJECT NUMBER

SOCIAL SECURITY ACT
TITLE V, PART 4, SEC. 532

GRANTEE AGENCY		STATE
REQUEST FOR QUARTER →	BEGINNING	ENDING

(1) TOTAL ESTIMATED EXPENDITURE OF FEDERAL FUNDS FOR THE QUARTER \$ _____

(2) UNENCUMBERED FEDERAL FUNDS ON HAND AT BEGINNING OF QUARTER \$ _____

ACTUAL ESTIMATE

(3) GRANT AWARD REQUESTED (ITEM 1 MINUS ITEM 2) \$ _____

AUTHORIZED OFFICIAL	OFFICIAL TITLE
I, _____	

CERTIFY THAT THE ABOVE REQUEST FOR PAYMENT FROM THE ALLOCATION AVAILABLE TO THIS AGENCY FOR AN APPROVED HEALTH SERVICES FOR CHILDREN AND YOUTH PROJECT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT THE REQUIRED AGENCY CONTRIBUTION TOWARD THE COST OF THE PROJECT, AS STATED IN THE PROJECT PLAN AND BUDGET, IS AVAILABLE.

SIGNATURE OF AUTHORIZED OFFICIAL	DATE
_____	_____

SUBMIT IN DUPLICATE.

**HEALTH SERVICES FOR CHILDREN AND YOUTH
 EXPENDITURE REPORT**

GRANTEE AGENCY	STATE	PROJECT NO.
PERIOD	BEGINNING (Month, Day, Year)	ENDING (Month, Day, Year)

SUMMARY OF EXPENDITURES	CHILDREN AND YOUTH FUNDS	STATE, LOCAL AND OTHER FUNDS
I. PAYMENTS FOR CARE		
II. PERSONNEL		
III. OTHER EXPENDITURES		
TOTALS		

FEDERAL FUNDS

Statement of Receipts and Expenditures of Health Services for Children and Youth Funds

A. Available Funds:

1. Funds available from previous grant period	
2. Adjustments of previous grant period's expenditures, including collections, fees, etc. (attach schedule)	
3. Grant awards received for this reporting period (exclude advance awards for a later period)	
4. Total available funds (sum of lines 1, 2, and 3)	

B. Total Obligations (Expenditures and Encumbrances) Health Services for Children and Youth Funds, total of I, II & III above)

C. Unencumbered Funds at End of Quarter

I, _____, certify that I am the Executive Officer designated above for which the foregoing Quarterly Statement of Receipts and Expenditures for an approved Health Services for Children and Youth Project was prepared: that the information reported in this statement is true and correct; that all expenditures of Federal and State, local or other funds have been made as reported; and the fund balances on the records of the authorized custodian of Federal funds have been reconciled with this report.

SIGNATURE OF CERTIFYING OFFICIAL	DATE
----------------------------------	------

INSTRUCTIONS

Health Services for Children and Youth Expenditure Report - CB-54

GENERAL

1. Form CB-54 will be used by grantee agency administering Health Services for Children and Youth projects. An original and one copy is to be submitted quarterly to the appropriate regional office. The reporting period covered must be cumulative by quarters through June 30 ending the grant period.
2. Reports are due 45 days after the close of each quarter. For projects administered by State agencies this report will accompany Form 11, Quarterly Statement of Receipts and Expenditures of Federal Funds for Health Services.
3. Obligations reported - Include current grant period expenditures and unliquidated encumbrances in one amount, regardless of whether the agency reports on a cash or accrual basis.

COMPLETION OF FORM

1. Identify the project by assigned number.
2. Enter on separate lines the name of the grantee agency and State exactly as it appears on the budget, Form CB-52.
3. Indicate the period covered by this report, beginning with the date of the grant period and ending with the quarter for which the report is submitted.
4. Summary of Expenditures - Enter the total amount of disbursements and unliquidated obligations for each of items, I, II, and III by source of funds.

FEDERAL FUNDS

Statement of Receipt and Expenditures of Health Services for Children and Youth Funds

A. Funds available

1. Enter unencumbered balance from previous grant period.
2. Enter amount of savings from liquidation of previous grant period obligations, and any funds received as collections, fees, etc. Attach schedule. (See Fiscal Policies of the Policies and Procedures Manual)
3. Enter all awards received during this grant period.
4. Enter total funds available for expenditure for this reporting period.

B. Enter total obligations incurred during this reporting period.

C. Enter funds available at end of the reporting period.

CERTIFICATION

This report is to be certified by the Executive Officer, or his duly authorized representative as shown on Application (Form CB-51, Item 9).

I. PAYMENTS FOR CARE

ITEM NO.	TYPE OF EXPENDITURE	AMOUNT OBLIGATED		
		CHILDREN AND YOUTH FUNDS	(S) (L) (O)	STATE, LOCAL, AND OTHER FUNDS
(1)	(2)	(3)		(4)
(1)	PHYSICIAN SERVICES A. CLINIC B. CONSULTATION C. OTHER (SPECIFY)			
(2)	DENTAL SERVICES A. CLINIC B. CONSULTATION C. OTHER (SPECIFY)			
(3)	OTHER PROFESSIONAL SERVICES (SPECIFY)			
(4)	HOSPITAL SERVICES A. OUTPATIENT B. INPATIENT C. OTHER (SPECIFY)			
(5)	DIAGNOSTIC & SCREENING SERVICES (SPECIFY)			
TOTAL				

INSTRUCTIONS (continued)

I. PAYMENTS FOR CARE

Enter in columns (3) and (4) expenditures, including encumbrances, by type of expenditures as they appear in column (2). Indicate the amounts in column (4) as to source of funds, State (S), local (L) and other (O).

II. PERSONNEL

Indicate expenditures, including encumbrances, by the same item number and title or class of position exactly in the same order as appears on the budget. Show by symbol obligation from State (S), local (L) or other (O) funds.

III. OTHER EXPENDITURES

Enter in columns 3 and 4 expenditures, including encumbrances, by the same item number and in the same order as these items appear on the approved budget. Indicate the amounts in column (4) as to source of funds. State (S), local (L) and other (O).

II. PERSONNEL

BUDGET ITEM NO. (1)	TITLE OR CLASS OF POSITION (2)	AMOUNT OBLIGATED		
		CHILDREN AND YOUTH FUNDS (3)	(S) (L) (O)	STATE, LOCAL AND OTHER FUNDS (4)
TOTAL				

III. OTHER EXPENDITURES

ITEM NO. (1)	TYPE OF EXPENDITURE (2)	AMOUNT OBLIGATED		
		CHILDREN AND YOUTH FUNDS (3)	(S) (L) (O)	STATE, LOCAL, AND OTHER FUNDS (4)
TOTAL				