

County: Placer

Year: FY 2000/01

Performance Incentives Projects Overall Expenditure Plan

Do not limit comments to space provided. If you have a Word Program, you may obtain an electronic version with expandable fields by sending an e-mail to regionaladvisors@dss.ca.gov with "Request for Overall Expenditure Plan Form" in the subject line .

Use this form to provide a brief explanation of your overall expenditure plan for performance incentives, including any plans to hold back expenditures and the status of any future planning processes. You must include how the benefits and services that will be provided using Performance Incentive Funds relate to the issue of sustaining self-sufficiency and how these services will be coordinated with other services within the community that are funded from sources such as the county's single allocation, Welfare-to-Work grants and community college funds.

Please list below a summary of all individual projects.

Project Title and Brief Description (include desired outcomes)	Total Incentive Funds Planned for this project	Counts toward "Needy Family" definition? **	Which of the purposes of TANF (or Title IV-A or IV-F) is met? Describe how the purpose is met through this project.	Page number in Attachment
<i>Community Outreach and Involvement</i>	<i>\$475,107</i>	<i>Partial - \$50,000</i>	<i>1 - 4</i>	<i>1</i>
<i>TANF Diversion</i>	<i>\$300,000</i>	<i>Yes</i>	<i>1 & 2</i>	<i>2</i>
<i>Expanding Transportation Programs and Services</i>	<i>\$100,000</i>	<i>Yes</i>	<i>1 & 2</i>	<i>3</i>
<i>Expanding Mental Health Services to incarcerated persons</i>	<i>\$150,000</i>	<i>No</i>	<i>4</i>	<i>4</i>
<i>Integrated Information Systems</i>	<i>\$1,900,000</i>	<i>No</i>	<i>Title IV-A</i>	<i>5</i>
<i>Local Healthcare Assessment – Post Welfare Reform</i>	<i>\$95,000</i>	<i>No</i>	<i>Title IV-A</i>	<i>6</i>
<i>Supplement to the CalWORKs Single Allocation</i>	<i>\$135,018</i>	<i>No</i>	<i>Title IV-A</i>	<i>N/A</i>
<i>Reserve for Future Use or Contingencies</i>	<i>\$87,868</i>	<i>No</i>	<i>Title IV-A</i>	<i>N/A</i>

**YES, NO or PARTIAL. If partial, include the amount toward the new "Needy Family" definition.

Provisional Plan [] If this is a provisional plan, when can CDSS expect to receive your approved plan? _____

Title _____ Signed _____ Date _____