

**Budget for Title IV-E  
County Child Welfare Services Contract**

**CWIVE Summary**

**Please select your County and Budget Effective Date from drop down boxes below.**

County: **TARRANT COUNTY**  
 Contract Number: **HHS000285000009**  
 Budget Effective Date: **10/1/2024-9/30/2025**

Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match
<b>A. Administration</b>			
A.1. Direct Personnel Salaries	\$0.00	\$0.00	\$0.00
A.2. Direct Personnel Fringe Benefits	\$0.00	\$0.00	\$0.00
A.3. Direct Personnel Travel	\$0.00	\$0.00	\$0.00
A.4. Direct Materials and Supplies	\$0.00	\$0.00	\$0.00
A.5. Direct Equipment	\$0.00	\$0.00	\$0.00
A.6. Direct Other Costs	\$52,500.00	\$9,118.46	\$43,381.54
<b>Total Administration:</b>	<b>\$52,500.00</b>	<b>\$9,118.46</b>	<b>\$43,381.54</b>
<b>B. Training</b>			
B.1. Title IV-E Training (75%)	\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (75%)	\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)	\$0.00	\$0.00	\$0.00
<b>Total Training:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Supplemental Foster Care Maintenance (SFCM)</b>			
<b>Total SFCM:</b>	<b>\$189,000.00</b>	<b>\$116,518.50</b>	<b>\$72,481.50</b>
<b>D. Indirect Costs (if applicable)</b>			
<b>Total Indirect Costs:</b>	<b>\$241,500.00</b>	<b>\$24,150.00</b>	<b>\$19,955.51</b>
<b>Grand Total:</b>	<b>\$265,650.00</b>	<b>\$129,831.46</b>	<b>\$135,818.54</b>

*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 2nd quarter of the preceding fiscal year. Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.	<b>34.74%</b>
* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate <u>in effect during preceding fiscal year</u> . Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made.	<b>61.65%</b>
Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):	<b>10.00%</b>

**Contractor Certification**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tim O'Hare, Tarrant County Judge  
 Printed Name & Title