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| **DEPARTMENT OF HEALTH SERVICES**F-00165B (12/2021) | **STATE OF WISCONSIN** |
| **FUNDING RELATIONSHIP TO DHS / DCF** |
| * Recipients may receive Federal funding through one or more State Agencies to administer one or more Federal programs or activities.
* Clarifying the multiple funding streams will help the State Agencies identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.
 |
|  | **Contract or Program Name** | **Funding****Amount ($)** |
| **DHS** |
| Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding. | [ ]  Yes | [ ]  No | 1.       |       |
| 2.       |       |
| 3.       |       |
| **DCF** |
| Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCFto receive Federal funding | [ ]  Yes | [ ]  No | 1.       |       |
| 2.       |       |
| 3.       |       |
| **DHS / DCF** |
| Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS.Name of County or Consortium:       | [ ]  Yes | [ ]  No | 1.       |       |
| 2.       |       |
| 3.       |       |
| Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.Name of the entity/entities:       | [ ]  Yes | [ ]  No | 1.       |       |
| 2.       |       |
| 3.       |       |
| **Instructions for completing Funding Relationship to DHS or DCF** |
| Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients. |