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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 DCF  to 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. | | | | | |