IOWA DEPARTMENT ON AGING

A | 510 E 12th St., Ste. 2 | Des Moines, IA 50319 P | 800.532.3213 W | www.iowaaging.gov

Reallocation of State and Federal Funds Form

SFY 20__ Reallocation of State & Federal Funds Form / Due Date: April 22

Area Agency: _____ Director Signature: _____ Date: _____

Please complete the following form so that the reallocation of unexpended funding may occur minimizing the possible return of funding to grantor agencies.

- Released funding requires only the funding source (1) and amount (2).
- Requested funding requires all data elements and must be expended for the service (4) identified with the request. Refer to the reporting Manual regarding the allowable expenditure of funding for a service in a reporting cluster.
- Entry of requested funding should be sorted by Funding Source (1), then Reporting Cluster (3), then Service Provided (4).
- If no funding is released or requested, please check this check box: ☐

(1) Funding Source (e.g. 110: Elderly Services General)	(2) Amount (Released)/ Requested [($$) / $$]	(3) Reporting Cluster (e.g. General Aging)	(4) Additional Service Provided (e.g. 01: Personal Care)	(5) Clients Served (#)	(6) Units Provided (#)