ATTACHMENT B

SFY 2023-24 TANF NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES ALLOCATION ATTESTATION

DISTRICT:			
TANF PLAN CONTACT PERSON:			
PHONE # AND EMAIL ADDRESS:			
Check one:			
☐ By signing this form, I am attest for enhanced or expanded core and approved non-residential DV programs outlined in the attached, and expanded in the attached.	d/or optional non-residents only for persons w	ential domestic viol vith incomes at or l	lence (DV) services provided by below 200% of the poverty level
☐ By signing this form, I am attes 2024 allocation for non-residential □	•	vices district will no	ot be accessing its TANF 2023-
Name of approved non-residential [OV service provider(s)	that will receive the	se funds, amount being
received by that program, and conta	act person and telepho	ne number or ema	l address:
Agency Name:	Allocation Amount	Contact Person /	Information:
1.			
2.			
3.			
For each provider listed, provide a using additional sheets as required. or local funding sources.)			
Commissioner Signature			
Send signed Attachment B with an	y additional sheets by	October 1, 2023, I	by email to

ocfs.sm.dvbureau@ocfs.ny.gov with the subject line "TANF Non-Residential SFY 2023-24 Attestation and

Plan."

SFY 2023-24 TANF NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES PLAN

(Submit one form per agency)

AGENCY NAME:
PROGRAM NAME (if different from agency name):

AGENCY CONTACT PERSON:

DISTRICT:

PHONE # AND EMAIL ADDRESS:

Provide a brief description of the enhanced or expanded non-residential domestic violence core and/or optional services that will be supported. For a description of OCFS non-residential domestic violence core and optional services, please refer to section (b)(4) of 18-NYCRR-Part-462.pdf Services Requirements. Please note TANF funds **cannot** be used for residential domestic violence services, hotline/crisis services, medical services, and community outreach/education. For more information on allowable expenses, see Attachment C.