

State Plan Review Instrument #2
Survey of FY 2008 State Plan Materials

Attachment 4.11(b) - Annual Estimates

Required annually for all state agencies as described in section 101(a)(15)(B) of the Ac).

Does **Attachment 4.11(b)** provide state estimates of the:

1. Number of individuals in the state who are eligible for services? **___Yes ___No**
2. Number of eligible individuals who will receive services provided with funds provided under:
 - (a) Part B of title I? **___Yes ___No**
 - (b) Part B of title VI? **___Yes ___No**
 - (c) If the designated state agency uses an order of selection, estimates of the number of individuals to be served under each priority category within the order?
___Yes ___No ___N/A
3. Costs of the services for the number of individuals estimated to be eligible for services?
Yes___ No
 - (a) If the designated state agency uses an order of selection, the service costs for each priority category within the order? **___Yes___No___N/A**