MDTA, but about $500,000 to $750,000. It has been a very large program. Headstart, we have had that for 3 years and so on. I feel that undoubtedly the combination of extensive paperwork, delays in appropriations, delays in approval, like under the manpower training, has made it very frustrating for us to keep people.

The lack of funds for planning programs at the outset has been a major problem, too. In fact, some of the smaller districts have not been able to participate. I believe the procedure for allocating funds under title I to be wrong, using the 1960 or 1962 census. I believe the figure of taking $2,000 a family is wrong. It should be the amount of money per person in the family rather than that. I believe if this is going to be an ongoing program we should forget the census. We should take our own census, and Congress should provide the funds so that we can take census within our community and find out who the poor people are and then serve those people. Not do it this way. Then you can continue to identify from year to year very easily. But this should be done if this is to go on as a successful program.

Mr. QUIE. Since the program is to train educationally deprived, would it be possible to allocate the money defining who these children are without resorting to poverty standards?

Mr. RUSSELL. I think your local communities and I don't know how this can work in the big cities, but there are many factors involved. It is not just money. There are many other factors. These other factors should be listed. You should be able to use some judgment. You have a factor, a man may be making $4,000 or $5,000 in my community and have a family of eight or 10. But this man is not putting out the money for the child for medical, for the dental aid, and the child is falling behind in school.

I don't know how you supplement, but I think educationwise we should supplement funds for that youngster for the medical treatment and so on, and they should not suffer because the father is out playing around or drinking or away from home half the time. If you are going to get down to the people we want to serve, you can not say this is it, $2,000. You have to use some judgment on this sort of thing.

I know this is extremely difficult, but a real census and a real study by the people going from door to door is the only way. If it is going to be long term I think we should be thinking certainly in that direction and get some real accurate information.

I believe that title III is our best opportunity to get away from categorical aids. If title III will forget some of the innovative factors that it has in it and let the community write up programs which are what they see and they know can be implemented and will be valuable. Then you get the local level element into this and you write up your program. In this way, you would have ample time to study and analyze and follow the program through next year.

Possibly you should have a pilot program ahead of any major amount of money being dumped into a program. But if we could work in that, then you could work in many of these things that we are getting now through NDEA and so on. You could work into a title III program.