

**Tribal Temporary Assistance for Needy Families (TANF) ACF - 102-477 Financial Report 12g**

TRIBE NAME	FISCAL YEAR	FISCAL YEAR ENDING DATE	Employer ID Number (EIN)
GRANT DOCUMENT NUMBER (BIA)			
REPORTING ITEMS	(A) FEDERAL TFAG FUNDS	(B) TRIBAL FUNDS [OPTIONAL]*	(C) STATE CONTRIBUTED MOE FUNDS [OPTIONAL]
1. TOTAL AWARDED	\$	\$	\$
2. CASH ASSISTANCE	\$	\$	\$
3. OTHER ASSISTANCE EXPENDITURES	\$	\$	\$
4. TOTAL NON-ASSISTANCE EXPENDITURES	\$	\$	\$
5. ADMINISTRATION	\$	\$	\$
6. SYSTEMS	\$	\$	\$
7. OTHER EXPENDITURES	\$	\$	\$
8. TRIBAL REPLACEMENT FUNDS		\$	
9. FEDERAL UNLIQUIDATED OBLIGATIONS	\$		

**THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE**

SIGNATURE: AUTHORIZED TRIBAL OFFICIAL

SUBMITTAL:  
 NEW  
 REVISED

TYPED NAME, TITLE, AGENCY NAME

DATE SUBMITTED:

\*Tribe must fill in Column (B) if it is subject to a penalty and corresponding reduction in its Tribal Family Assistance Grant (TFAG).

**Data for lines 10 to 12 will be completed by the Federal Awarding Agency**

REPORTING ITEMS	(A) FEDERAL TFAG FUNDS	(B) TRIBAL FUNDS [OPTIONAL]*	(C) STATE CONTRIBUTED MOE FUNDS [OPTIONAL]
10. TOTAL EXPENDITURES ON ASSISTANCE	\$	\$	\$
11. TOTAL EXPENDITURES	\$	\$	\$
12. FEDERAL UNOBLIGATED BALANCES	\$		



Optional

No Response Necessary