U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

TRIBAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ACF - 196T FINANCIAL REPORT

TRIBE Name:	GRANT AWARD YEAR:	SUBMISSION:
EMPLOYER ID NUMBER (EIN):	REPORT PERIOD: From: To:	ORIGINAL [ ] or REVISED [ ] QUARTERLY [ ] or FINAL [ ]

REPORTING ITEMS	COLUMN (A) FEDERAL TFAG FUNDS	COLUMN (B) STATE CONTRIBUTED MOE FUNDS	COLUMN (C) TRIBAL FUNDS
1. TOTAL FEDERAL FUNDS AWARDED	$	$	
EXPENDITURES ON ASSISTANCE			
2a. Cash Assistance	$	$	
2b. Other Assistance Expenditures	$	$	
2c. TOTAL ASSISTANCE EXPENDITURES	$	$	
EXPENDITURES ON NON-ASSISTANCE			
3a. Administration	$	$	
3b. Systems	$	$	
3c. Other Non-Assistance Expenditures	$	$	
3d. TOTAL NON-ASSISTANCE EXPENDITURES	$	$	
TOTALS			
4. Total Expenditures	$	$	
5. Unliquidated Balance	$		
6. Unobligated Balance	$		
7. Tribal Replacement Funds	$		$

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

SIGNATURE: TRIBAL OFFICIAL		TYPED NAME, TITLE
DATE SUBMITTED:	CONTROL NO. XXXX-XXX	PHONE NUMBER:
FORM ACF-196T PAGE 1 OF 1	EXPIRATION DATE: XX/XX/XXXX	