

DRAFT

OMB APPROVED
Control No. 0970-0181
Expires: 09/30/2010

CHILD SUPPORT ENFORCEMENT PROGRAM EXPENDITURE REPORT PART 1: QUARTERLY REPORT OF EXPENDITURES and ESTIMATES

State:	Current (Claiming) Quarter Ended:	Next (Estimating) Quarter Ending:	Mark Initial Report Box: Rev'd Report
	Current Quarter Claims (A) Total (B) Federal Share	Prior Quarter Adjustments (C) Total (D) Federal Share	Next Qtr. Est. (E) Total

SECTION A. EXPENDITURES

1a. Admin Costs:					
IV-D (0% FFP)	\$		\$		
1b. Admin Costs:					
IV-D (66% FFP)	\$	\$	\$	\$	\$
1c. Adm Costs: Non					
IV-D (66% FFP).....	\$	\$	\$	\$	\$
2a. Fees and Costs					
Recov'd (66% FFP)	\$	\$	\$	\$	
2b. Interest, Other					
Income (66% FFP)	\$	\$	\$	\$	
3. Net Admin.					
Costs	\$	\$	\$	\$	\$
4. ADP Developm't					
with APD Req'd	\$	\$	\$	\$	\$
5. ADP Operational					
with APD Req'd	\$	\$	\$	\$	\$
6. Other ADP					
w/o APD Req'd	\$	\$	\$	\$	\$
7 Total Costs					
Claimed.....	\$	\$	\$	\$	\$

SECTION B. INCENTIVE PAYMENTS / FEDERAL SHARE / FEES FOR SERVICES

8 Est. Incentive Payment					\$
9 Fed Share of IV-A Collect.	Amt. from OCSE-34A Line 10b, Col G ==>	\$			\$
10 Fees: Federal FPLS...	Enter Total Fee in Column B ==>	\$			
11 Fees: CSENet.....	Enter Total Fee in Column B ==>	\$			
12 Fees: Pre-Offset Svc.	Enter Total Fee in Column B ==>	\$			
13 Adjustments	Enter Total Amount in Column B ==>	\$			
14 Net Fed Share of Expenditures..		\$		\$	\$
15 State Share of Expenditures..	Enter State Share Only in Column B ==>	\$	Enter State Share Only in Column D ==>	\$	\$

This certifies that the information on this form is accurate and true to the best of my knowledge and belief. This also certifies that the State share of expenditures estimated for the Next Quarter are, or will be, available as required by law.

Signature, IV-D Agency Director	Signature, Approving State Official
Date:	Date:
Typed Name, Title, Agency	Typed Name, Title, Agency

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CHILD SUPPORT ENFORCEMENT PROGRAM FINANCIAL REPORT PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS

State:		Current Quarter Ended:		Mark Box:	<input type="checkbox"/>	Initial Report
				<input type="checkbox"/>	<input type="checkbox"/>	Revised Report
(A) Total Adjustment	(B) Federal Share of Adjustment	(C) Funding Category *	(D) Applicable to Fiscal Quarter Ended	(E) Federal Audit Number (if any) Other Comments		
SECTION A: INCREASING ADJUSTMENTS						
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$	<=== TOTAL INCREASING ADJUSTMENTS				
SECTION B: DECREASING ADJUSTMENTS						
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$					
\$	\$	<=== TOTAL DECREASING ADJUSTMENTS				
\$	\$	<=== NET ADJUSTMENTS (Section A Totals minus Section B Totals)				

* **Funding Categories:** (with equivalent line numbers from Part 1):
CEN - Administrative Costs Using Incentive Payments (0% FFP Rate): Line 1a.
LAB - Laboratory Costs (90% FFP Rate - Pre FY 2007 costs only): Line 1b
ADM - Administrative Costs (66% FFP Rate): Lines 1b and 1c
INC - Program Income from fees, interest, etc. (66% FFP Rate): Lines 2a and 2b
DEV - CSES Developmental Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 4
OPN - CSES Operational Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 5
ADP - CSES Costs where an Approved Advanced Planning Document (APD) is not required (66% FFP Rate): Line 6