

**Department of Health and Human Services
Administration for Children and Families**

Temporary Assistance for Needy Families (TANF) Financial Report

STATE	FISCAL YEAR	
SUBMISSION (MARK ONE BOX) [] Regular Quarterly [] Revision	CURRENT QUARTER ENDED	NEXT QUARTER ENDING
ITEMS	TOTAL FY 19__ (a) EXPENDITURES	(b) CUMULATIVE ESTIMATES

STATE FAMILY ASSISTANCE GRANT (SFAG)

1. Total Expenditures Eligible For Federal Financial Participation (FFP)	\$	\$
2. Payments Including Systems Costs	\$	
3. Administration	\$	
4. State Share	\$	\$
5. Less Penalties/Audits/Etc...	\$	
6. Federal Share	\$	\$
7. Funds Transferred to Other Programs	\$	

CONTINGENCY FUND

1. Total Expenditures Eligible For Federal Financial Participation (FFP)	\$	
2. Administration	\$	
3. Federal Share	\$	\$
4. State Share	\$	

LOAN REPAYMENT

	CUMULATIVE REPAYMENTS	OUTSTANDING BALANCE
1. Principle & Interest	\$	\$

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.

This also certifies that the State's share of expenditures estimated is or will be available to meet the non-Federal share of expenditures as required by law.

Signature: State Official	Typed Name, Title, Agency Name
Date Submitted:	For Federal Use Only Rec'd
	ADP

**Department of Health and Human Services
Administration for Children and Families**

Temporary Assistance for Needy Families (TANF) Financial Report

STATE

FISCAL YEAR

SUBMISSION (MARK ONE BOX)
 Regular Quarterly Revision

CURRENT QUARTER ENDED

NEXT QUARTER ENDING

ITEMS

TOTAL FY 19__ (a) EXPENDITURES

(b) CUMULATIVE ESTIMATES

STATE FAMILY ASSISTANCE GRANT (SFAG)

1. Total Expenditures Eligible For Federal Financial Participation (FFP)

\$

\$

2. Payments Including Systems Costs

\$

3. Administration

\$

4. State Share

\$

\$

5. Less Penalties/Audits/Etc...

\$

6. Federal Share

\$

\$

7. Funds Transferred to Other Programs

\$

LOAN REPAYMENT

CUMULATIVE REPAYMENTS

OUTSTANDING BALANCE

1. Principal & Interest

\$

\$

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**Department of Health and Human Services
Administration for Children and Families
Temporary Assistance for Needy Families (TANF)
ACF-196 Financial Report**

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STATE:	FISCAL YEAR	CURRENT QUARTER ENDED:	NEXT QUARTER ENDED:
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STATE FAMILY ASSISTANCE GRANT (SFAG)

Cumulative Totals

ITEMS	TOTAL FEDERAL EXPENDITURES/OUTLAYS	TOTAL FEDERAL UNLIQUIDATED OBLIGATIONS	TOTAL FEDERAL EXPENDITURES/OUTLAYS AND UNLIQUIDATED OBLIGATIONS
1. Cash Assistance	\$	\$	\$
2. Administration	\$	\$	\$
3. Systems	\$	\$	\$
4. Support Services	\$	\$	\$
5. Child Care	\$	\$	\$
6. Work Activities	\$	\$	\$
a. Training	\$	\$	\$
b. Education	\$	\$	\$
c. Work Subsidies	\$	\$	\$
7. Individual Development Accounts	\$	\$	\$
8. Transfers	\$	\$	\$
9. Total Expenditures/Outlays or Obligations	\$	\$	\$
10. Awarded			\$
11. Unobligated Balance			\$

	QUARTERLY ESTIMATE
12. Federal Funds Requested for Next Qtr. Ended	\$

	MAINTENANCE OF EFFORT
13. State Financial Participation (MOE)	\$

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Signature: State Official	Typed Name, Title, Agency Name
Date Submitted:	For Federal Use Only



**Department of Health and Human Services
Administration for Children and Families
Temporary Assistance for Needy Families (TANF) ACF - 196 Financial Report**

State	FY Funds were Awarded	Current Quarter Ended	Next Quarter Ending	Report is Submitted as: [] New [] Revised [] Final
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	State Family Assistance			Contingency Funds	Emergency Contingency Fund
	Federal Funds	State Funds		Award Reconciliation [] YES [] NO	
	(A)	(B)	(C)	Federal Share at FMAP Rate of: _____ % (D)	(E)
1. Awarded	\$			\$	\$
2. Transferred to CCDF Discretionary	\$				
3. Transferred to SSBG	\$				
4. Adjusted SFAG	\$				
Expenditures Categories	FEDERAL TANF EXPENDITURES	STATE MOE EXPENDITURES IN TANF	MOE EXPENDITURES SEPARATE STATE PROGRAMS	FEDERAL EXPENDITURES	FEDERAL EXPENDITURES
5. Expenditures On Assistance					
a. Basic Assistance	\$	\$	\$	\$	\$
b. Child Care	\$	\$	\$	\$	\$
c. Transportation and Other Supportive Services	\$	\$	\$	\$	\$
d. Assistance Authorized Solely under Prior Law	\$			\$	\$
6. Expenditures on Non-Assistance					
a. Work Related Activities / Expenses	\$	\$	\$	\$	\$
1. Work Subsidies	\$	\$	\$	\$	\$
2. Education and Training	\$	\$	\$	\$	\$
3. Other Work Activities / Expenses	\$	\$	\$	\$	\$
b. Child Care	\$	\$	\$	\$	\$
c. Transportation	\$	\$	\$	\$	\$
1. Job Access	\$	\$	\$	\$	\$
2. Other	\$	\$	\$	\$	\$
d. Individual Development Accounts	\$	\$	\$	\$	\$
e. Refundable Earned Income Tax Credits	\$	\$	\$	\$	\$
f. Other Refundable Tax Credits	\$	\$	\$	\$	\$
g. Non-Recurrent Short Term Benefits	\$	\$	\$	\$	\$
h. Prevention of Out-of-Wedlock Pregnancies	\$	\$	\$	\$	\$
i. 2-Parent Family Formation and Maintenance	\$	\$	\$	\$	\$
j. Administration	\$	\$	\$	\$	\$
k. Systems	\$	\$	\$	\$	\$
l. Non-Assistance Authorized Solely Under Prior Law	\$	\$	\$	\$	\$
m. Other	\$	\$	\$	\$	\$
7. Total Expenditures	\$	\$	\$	\$	\$
8. Transitional Services for Employed					
9. Federal Unliquidated Obligations	\$	\$	\$	\$	\$
10. Unobligated Balance	\$	\$	\$	\$	\$
11. State Replacement Funds		\$			

Quarterly Estimate	TANF Federal Funds
12. Estimate for Next QTR. Ended	\$

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: AUTHORIZED STATE OFFICIAL	TYPED NAME, TITLE, AGENCY NAME
DATE SUBMITTED:	
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