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	(a) TOTAL FY 19 EXPENDITURES	(b) CUMULATIVE ESTIMATES		
	STATE FAMILY ASSISTANCE GRANT (SFAG)			
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			
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	\$	\$		
1	ormation reported on all parts of this form is accurate and true to the	· · · · · · · · · · · · · · · · · · ·		
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	ADR		
Page 1 of 1	Rec'd	ADP		
Approved OMB No. xxxx-xxxx Form ACF- XXX (XX/XX)				

Department of Health and Human Services Administration for Children and Families

	Administration for Children and Familie	es
Temporary	Assistance for Needy Families (TAN	IF) Financial Report
STATE	FISCAL YEAR	
SUBMISSION (MARK ONE BOX) [] Regular Quarterly [] Revision	CURRENT QUARTER ENDED	NEXT QUARTER ENDING
ITEMS	(a) TOTAL FY 19 EXPENDITURES	(b) CUMULATIVE ESTIMATES
	STATE FAMILY ASSISTANCE GRANT (SFA	AG)
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	\$	\$
_	e information reported on all parts of this form is accurate and true to	
Signature: State Official	hare of expenditures estimated is or will be available to meet the non Typed Name, Title, Agency Name	-reueral silare of expenditures as required by law.
Date Submitted:	For Federal Use Only Rec'd	ADP
Page 1 of 1 Approved OMB No. xxxx-xxxx Form ACF- XXX (XX/XX)		,

Department of Health and Human Services Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF-196 Financial Report DRAFT - DRAFT - DRAFT STATE: FISCAL YEAR **CURRENT QUARTER ENDED:** NEXT QUARTER ENDED:

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)			\$	
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	
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Department of Health and Human Services

Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report Part 1: Expenditure Data

State	Grant Year	Fiscal Year	Report Quarter Ending	Next Quarter Ending	Report is Submitted as:
				_	-
					[] New [] Revised
					[] Final
					(Zero Grant Funds Remaining)
	<u>Federal Funds</u>	<u>State</u>	<u>Funds</u>	<u>Federal Funds</u>	<u>Federal Funds</u>
				Contingency Funds	
	State Family Assistance			Award Reconciliation	Emergency Contingency Funds
	Grant			Federal Share at FMAP Rate of:	(Authorized by ARRA)
				%	•
	(A)	(B)	(C)	(D)	(E)
1. Awarded				\$	
2. Transferred to CCDF Discretionary 3. Transferred to SSBG	\$				
4. Adjusted Award	5				
5. Carryover					
		STATE MOE EXPENDITURES	MOE EXPENDITURES	EXPENDITURES WITH	EXPENDITURES WITH
Expenditures Categories	FEDERAL EXPENDITURES	IN TANF	SEPARATE STATE	CONTINGENCY FUNDS	EMERGENCY CONTINGENCY
C Donie Assistance			PROGRAMS		FUNDS
6 Basic Assistance 6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and					
Adoption and Guardianship Subsidies)	s	ś	s	s	s
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship	-	-	*	-	-
Subsidies	\$	\$	\$	\$	\$
7. Assistance Authorized Solely Under Prior Law					
7.a. Foster Care Payments	\$			\$	\$
7.b. Juvenile Justice Payments 7.c. EmergencyAssistance Authorized Solely Under Prior Law	\$			\$	\$
8. Non-Assistance Authorized Solely Under Prior Law	•			,	,
8.a. Child Welfare or Foster Care Services	\$			s	\$
8.b. Juvenile Justice Services	\$			s	\$
8.c. Emergency Services Authorized Solely Under Prior Law	\$			s	\$
9. Work, Education, and Training Activities					
9.a. Subsidized Employment 9.b. Education and Training	\$	\$	\$	\$	\$
9.c. Additional Work Activities	\$	\$	\$	\$	\$
10. Work Supports	•	3	,	3	,
11. Early Care and Education					
11.a. Child Care (Assistance and Non-Assistance)	\$	\$	\$	\$	\$
11.b. Pre-Kindergarten/Head Start	\$	\$	\$	s	\$
12. Financial Education and Asset Development	\$	\$	\$	\$	\$
13. Refundable Earned Income Tax Credits 14. Non-EITC Refundable State Tax Credits	\$	\$	\$	\$	\$
15. Non-Recurrent Short Term Benefits	÷	*	\$ *	•	\$ \$
16. Supportive Services	\$	\$	\$	\$	\$
17. Services for Children and Youth	\$	\$	\$	s	\$
18. Prevention of Out-of-Wedlock Pregnancies	\$	\$	\$	s	\$
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$	\$	\$	\$	\$
20. Child Welfare Services					
20.a. Family Support/ Family Preservation /Reunification Services 20.b. Adoption Services	5	\$	\$	5	
20.c. Additional Child Welfare Services	s ·	\$	\$	\$	s ·
21. Home Visiting Programs	\$	\$	\$	s	\$
22. Program Management					
22.a. Administrative Costs	\$	\$	\$	s	\$
22.b. Assessment/Service Provision	\$	\$	\$	\$	\$
22.c. Systems 23.0ther	\$	\$	5	\$	\$
24.Total Expenditures	3	*	•	3	-
25 Transitional Services for Employed	\$	\$	\$	s	\$
26 Job Access	\$	\$	\$		
27. Federal Unliquidated Obligations	\$			s	\$
28. Unobligated Balance	\$			\$	\$
29. State Replacement Funds		\$			
Quarterly Estimate	Estimate TANF Federal Funds				
30. Estimate of TANF Funds Requested for the Following Quarter	\$				
	MATION REPORTED ON ALL PARTS OF THIS FO			, N. A. A. P.	
SIGNATURE: AUTHORIZED STATE OFFICIAL DATE SUBMITTED:			TYPED NAME, TITLE, AGENCY	NAME	
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PAGE 1 OF 2 of APPROVED OMB No: 0970-XXXX, Expiration Date XX/XX/XXXX					



Department of Health and Human Services

Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report Part 2: Narrative Section

	State	Fiscal Year		
			Methodology Used to Est	mate Federal Funding and
Expenditure Categories	Descriptions of	Expenditures	State MOE Expenditures	
6 Basic Assistance				
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)				
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies				
7. Assistance Authorized Solely Under Prior Law				
7.a. Foster Care Payments				
7.b. Juvenile Justice Payments				
7.c. EmergencyAssistance Authorized Solely Under Prior Law				
8. Non-Assistance Authorized Solely Under Prior Law				
8.a. Child Welfare or Foster Care Services				
8.b. Juvenile Justice Services				
8.c. Emergency Services Authorized Solely Under Prior Law				
9. Work, Education, and Training Activities				
9.a. Subsidized Employment				
9.b. Education and Training				
9.c. Additional Work Activities				
10. Work Supports				
11. Early Care and Education				
11.a. Child Care (Assistance and Non-Assistance)				
11.b. Pre-Kindergarten/Head Start				
12. Financial Education and Asset Development				
13. Refundable Earned Income Tax Credits				
14. Non-EITC Refundable State Tax Credits				
15. Non-Recurrent Short Term Benefits				
16. Supportive Services				
17. Services for Children and Youth				
18. Prevention of Out-of-Wedlock Pregnancies				
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs				
20. Child Welfare Services				
20.a. Family Support/ Family Preservation /Reunification Services				
20.b. Adoption Services				
20.c. Additional Child Welfare Services				
21. Home Visiting Programs				
22. Program Management				
22.a. Administrative Costs				
22.b. Assessment/Service Provision				
22.c. Systems				
23.0ther				
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 N	IAME
DATE SUBMITTED:			1	
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