

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

**Temporary Assistance for Needy Families (TANF) Financial Report**

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

**STATE FAMILY ASSISTANCE GRANT (SFAG)**

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

**CONTINGENCY FUND**

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

**LOAN REPAYMENT**

	<b>CUMULATIVE REPAYMENTS</b>	<b>OUTSTANDING BALANCE</b>
<b>1. Principle &amp; Interest</b>	\$	\$

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.

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

**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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**Date Submitted:**

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Rec'd**

**ADP**

**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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<b>STATE:</b>	<b>FISCAL YEAR</b>	<b>CURRENT QUARTER ENDED:</b>	<b>NEXT QUARTER ENDED:</b>
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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			\$

	<b>QUARTERLY ESTIMATE</b>
12. Federal Funds Requested for Next Qtr. Ended	\$

	<b>MAINTENANCE OF EFFORT</b>
13. State Financial Participation (MOE)	\$

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<b>Date Submitted:</b>	<b>For Federal Use Only</b>



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

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

**Quarterly Estimate**

**TANF Federal Funds**

<b>12. Estimate for Next QTR. Ended</b>	\$	
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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.

<b>SIGNATURE: AUTHORIZED STATE OFFICIAL</b>	<b>TYPED NAME, TITLE, AGENCY NAME</b>
<b>DATE SUBMITTED:</b>	
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