U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES

Office of Child Support Enforcement

OMB APPROVED

Control No. 0970-0181 Expires: XX/XX/2020

FORM OCSE-396: CHILD SUPPORT ENFORCEMENT PROGRAM QUARTERLY FINANCIAL REPORT **PART 1: EXPENDITURES and ESTIMATES**

State	:	Current (C		Next (Estimating) Quarter Ending:		Mark Initial Report		
66% FFP rate for all cost		Quarter Er	iarter Claims	Prior Quarter Adjustments		Box: Rev'd Report Next Quarter Estimate		
	categories, except where noted	(A) Total	(B) Federal Share	(C) Total	(D) Federal Share	(E) Total	(F) Federal Share	
SECTION A. EXPENDITURES								
1a.	Admin. Costs w/ Incentive							
46	Payments (No FFP)	\$	\$	\$	\$	\$	\$	
TD.	Administrative Costs: Reguar	\$	\$	\$	\$	\$	\$	
1c	Administrative Costs:	*	<u> </u>	*	*	*	·	
	Non-IV-D:	\$	\$	\$	\$	\$	\$	
1d	Admin Costs w/ Incentives	¢.		Φ		\$		
2a.	Under Waiver (No FFP): Program Income:	\$		\$		Φ :::::-:-:-:-:-:-:-:-:-:-:-:-		
	Fees, Costs Recovered:	\$	\$	\$	\$			
2b.	Program Income:							
3.	Interest, Other	\$	\$	\$	\$			
Э.	Net Administrative Costs:	\$	\$	\$	\$	\$	\$	
4.	ADP Development Costs	Ψ	Ψ	Ψ	<u> </u>	<u> </u>	Ψ	
	with APD Required:	\$	\$	\$	\$	\$	\$	
5.	ADP Operational Costs	¢.	¢.	Φ.	¢.	¢.	¢.	
6.	with APD Required (Reserved)	Φ [1::::::::::::::::::::::::::::::::::::	Φ	\$	Φ ::-::::::::::::::::::::::::::::::::::	Φ	\$	
٥.	(110001100)							
7.	Total Costs							
	Claimed:	\$	\$	\$	\$	\$	\$	
SECTION B. FEES FOR SERVICES / FEDERAL & STATE SHARES of COSTS								
8.	(Reserved)							
9.	Federal Share of Title IV-A	From Form OCSE-34					[*]*]*]*]*]*]*]*]*]	
			\$				\$	
10.	Fees -	Enter Total Fee in						
11	Federal FPLS: Fees -	Column B ===> Enter Total Fee in	\$					
	CSENet:	Column B ===>	\$					
12.	Fees -	Enter Total Fee in:	<u> </u>					
	Pre-Offset Service:	Column B ===>	\$					
12	Adjustments:	Enter Total Amount in	¢					
	Net Federal Share of	Column:B ===>	Ψ		<u> </u>			
	Expenditures:		\$		\$		\$	
15.		Enter State Share Only		Enter State Share Only				
0=0		in Column B ===>	\$	in Column D ===>	\$		\$	
	TION C. INCENTIVE Estimate of Earned	PAYMENTS	, and a second residence of				ı	
10.	Incentive Payments:						\$	
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								
Signa	ture, IV-D Agency Director	iorth	e Heat Quarter are, Or V		Signature, Approving Official			
	· .		•					
Typed Name, Title, Agency			Date:	T	Date:			
ryped riame, Title, Agency				i yped Nam	Typed Name, Title, Agency			
	Form OCSE 206 Port 4 /4							

U.S Department of Health and Human Services OMB APPROVED Office of Child Support Enforcement Control No. 0970-018 Expires: 05/31/2017 FORM OCSE-396: CHILD SUPPORT ENFORCEMENT PROGRAM QUARTERLY FINANCIAL REPORT PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS Current (Claiming) Initial Report State: Quarter Ended: Revised Report (B) Federal Share of (D) Applicable to Fiscal (E) Adjustment Identification and Explanation (C) Funding Category Quarter Ended (A) Total Adjustment Adjustments (if applicable) SECTION A: INCREASING ADJUSTMENTS \$ <=== TOTAL INCREASING ADJUSTMENTS SECTION B: DECREASING ADJUSTMENTS === TOTAL DECREASING ADJUSTMENTS <==== NET ADJUSTMENTS (Section A minus Section B) * Funding Categories: (with equivalent line numbers from Part 1): CEN - Administrative Costs Using Incentive Payments (66% FFP Rate: FY 2009-2010, Otherwise 0% FFP Rate): Line 1a. ADM - Administrative Costs (66% FFP Rate): Lines 1b and 1c CENW - Administrative Costs Using Incentive Payments Under Waiver (0% FFP Rate): Line 1d. 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