

## APPENDIX C. INSTRUCTIONS FOR SSBG REPORTING FORM<sup>1</sup>

**The Paperwork Reduction Act of 1995 (Pub. L. 104-13).** Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. Respondents may direct comments concerning this estimate to: Office of Community Services, Administration for Children and Families, U. S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Overview.** States must use this form as the reporting instrument to satisfy the requirements of 45 CFR 96.74.

States are to report on their expenditures for and recipients of services within 29 service areas that are defined in the Uniform Definitions of Services (see attached). If the State's definition of a service differs from the Uniform Definitions, the State should clearly explain this in the pre-expenditure report.

**State Official Contact Info.** Enter the name, title, agency, phone number, and email address for the commissioner or director of the state's lead SSBG agency.

**SSBG Contact Info.** Enter the name, title, agency, phone number, and email address for the state's chief administrator of the SSBG.

**State CFO Contact Info.** Enter the name, title, agency, phone number, and email address for the state Chief Financial Officer.

**Fiscal Year.** The fiscal year is automatically recorded based on the form selected by the user.

**Reporting Period.** Enter the fiscal year and reporting period the reporting form is being submitted for. The reporting period is automatically recorded by the data collection site based on the State's selected fiscal year (federal or state).

**Date of Submission.** Enter the date the reporting form is submitted. The submission date and time are automatically recorded by the data collection site. Submission of the form in the SSBG Online Data Collection Site indicates approval of the form by the State Office, SSBG Contact, State CFO, and other designated officials.

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<sup>1</sup> Appendix B to 45 CFR Part 96—SSBG Reporting Form and Instructions, Federal Register, Volume 58, Number 218, Monday, November 15, 1993.

## **Part A. Expenditures and Provision Method**

States are required to submit expenditure data for each service that is supported in whole or in part by SSBG Expenditures. A State reports on the total of expended funds as of the close of the reporting year. This amount may include funds appropriated in previous years.

For each service that is supported with SSBG Expenditures in the State, States are to report on the Total Expenditures from all sources of funds for that service. A State reports the amount of SSBG Expenditures, the amount of carry over funds from the previous fiscal year if any, the amount of Funds Transferred into SSBG, and the combined amount of All Other Federal, State, and Local Funds spent for that service. By reporting on expenditures of all sources of funds for each service, States can provide an accurate picture of the role that SSBG Expenditures plays in supporting services.

**Column: Service Supported with SSBG Expenditures.** In cases where no fit is possible between the State-defined services and the Uniform Definitions of Services, use item 29, “other services.” Please sum all expenditures for these “other services” and enter the amounts in item 29. In the space below the table, indicate the types of services included in “other services.”

Any expenditures that cannot be attributed to service recipients should be entered in item 31, “Administrative Costs,” not as expenditures for “other services.” “Administrative Costs” should include all other non-service uses of SSBG Expenditures (e.g., training, administrative support, or overhead costs).

**Column: SSBG Expenditures.** Enter the SSBG Expenditures for each service. Expenditures may include dollars from the current year only. The total of this column may differ from the total amount of the annual SSBG Allocation if the full amount of the allocation was not expended during the fiscal year during which it was allocated.

**Column: Carry Over from Previous Fiscal Year.** Enter the SSBG Expenditures for each service that were the result of carry over funds from the previous fiscal year only.

**Column: Funds Transferred into SSBG.\*** Enter any funds expended that were transferred from other block grants into SSBG. The total of this column may differ from the total amount of the transfer if the full transfer was not expended during the fiscal year during which it was transferred.

\*In the space below the table, indicate the block grant(s) from which these funds were transferred.

**Column: Carry Over of Funds Transferred into SSBG from Previous FY.** Enter any transfer funds carried over from the previous fiscal year.

**Column: Expenditures of All Other Federal, State, and Local Funds.\*\*** Enter all funds expended for each service from other Federal, State, and local sources. In the space below the table, indicate the sources of these funds. If SSBG Expenditures are not reported for a particular service, do not report Expenditures of All Other Federal, State, and Local Funds for the service. \*\*In the space below the table, list the source(s) of these funds.

**Column: Total Expenditures.** Enter the Total Expenditures for each service. This amount should equal the sum of the three columns across the table (i.e., SSBG Expenditures; Funds Transferred into SSBG; Carry Over from Previous Fiscal Year; and Expenditures of All Other Federal, State, and Local Funds). If SSBG Expenditures are not reported for a particular service, do not report Total Expenditures for the service. The SSBG data collection site will automatically calculate the Total Expenditures by adding the preceding rows.

**Column: Actual or Estimated Amounts.** Indicate by selecting whether the totals entered are actual or estimated.

**Column: Provision Method.** If the service was provided by a public agency, indicate this with an “X” in the column marked Public. If the service was provided by a private agency, indicate this with an “X” in the column marked Private. Both columns may be marked if the service was provided by both public and private agencies.

**Column: Do your Total Expenditures include ALL other Federal, State, and Local funds for this service category?.** Indicate yes by selecting the provided box.

**Section: Remaining funds to be carried over into the next fiscal year.** In the corresponding spaces, enter the amount of remaining funds to be carried over into the next fiscal year for both transfer funds remaining and any remaining SSBG funds.

**Section: \*\*\*Please list Other Services and provide the definition of each listed service.** List the types of services provided with funds expended in the Other Service category and provide a definition for each of the listed services.

**Section: Additional Comments.** Enter any additional comments the State would like to include with its submission.

## **Part B. Recipients**

States are required to submit recipient data (actual, estimated, or sampled) for each service for which SSBG Expenditures are reported in Part A. **The total number of recipients is all recipients of services supported by the Total Expenditures**, which includes SSBG Expenditures (including Funds Transferred into SSBG\*) and All Other Federal, State, and Local Funds.\*\*

Recipients are reported in four age categories—Children, Adults Age 59 Years and Younger, Adults Age 60 Years and Older, and Adults of Unknown Age. The numbers of Total Adults and Total recipients are reported as well.

**Column: Children.** For each service, enter the actual or estimated number of children who have received the service.

**Column: Adults Age 59 Years and Younger.** Enter the actual or estimated number of adults age 59 years and younger who have received each service.

**Column: Adults Age 60 Years and Older.** Enter the actual or estimated number of adults age 60 years and older who have received each service.

**Column: Adults of Unknown Age.** Enter the actual or estimated number of adults of unknown age who have received each service.

**Column: Total Adults.** The amount in this column should be the sum of the three adult columns—Adults Age 59 Years and Younger, Adults Age 60 Years and Older, and Adults of Unknown Age. The data collection site will automatically calculate this total.

**Column: Total.** This should be the sum of the adults and children reported in the Children and Total Adults columns. The data collection site will automatically calculate this total.

**Column: Actual, Estimated, or Sampled Recipients.** Indicate if the data entered in this row is actual, estimated, or sampled recipient counts by checking the appropriate box.

**Column: Duplicated or Unduplicated Counts.** Indicate if the data entered in this row contains duplicated or unduplicated recipients. States should, if possible, provide unduplicated counts of service recipients. That is, if an individual received a service during the reporting period, then discontinued the service, and then received the service again, the individual should only be counted once.

**Column: Eligibility Criteria for this Service Category.** States may enter the eligibility criteria for each of the service categories or indicate in the next column that they will separately submit eligibility criteria to the Office of Community Services via email.

**Column: State will Submit Eligibility Criteria to OCS via Email.** If the State has not provided the eligibility criteria for a Service Category, the State may choose to indicate in the check box their intention to email those criteria directly to the Office of Community Services at [SSBG@acf.hhs.gov](mailto:SSBG@acf.hhs.gov).

### **Part C: Validations**

The validations section of the reporting form provides space for respondents to include additional required reporting information and clarify any identified anomalies in the data form before submission is completed.

Part C begins with sections for the required state specific definitions of a child, an adult, and a family, and then provides check boxes to indicate the respondent's assurances regarding the requirements in the use of their SSBG funds and funds transferred from the TANF block grant.

These sections are followed by a computer adaptive section that presents questions to the respondent based upon data entered in the reporting form. Each of the nine validation checks are run against each of the reporting categories and when the criteria is met the question will be presented to the respondent. The respondent must provide a brief explanation, as directed by the specific validation question, in order to complete submission of the reporting form.

**Section: Definition of a child for the services provided in your State.** Provide the States' official definition of a child.

**Section: Definition of an adult for the services provided in your State.** Provide the States' official definition of an adult.

**Section: Definition of a family for the services provided in your State.** Provide the States' official definition of a family.

**Section: Assurances.** The respondent will check the box to certify compliance with the presented codes and statutory requirements. The respondent will answer the remaining questions by selecting yes or no and providing an explanation for any 'no' response.

### **Validation Questions**

Each of these nine questions will apply to each category on the Post-Expenditure reporting form. When the conditions identified are met for a category, the respondent will be prompted by the data collection site to provide an explanation in response.

### **Electronic Report Submission**

States submit these data electronically via the SSBG Data Collection Site online at <https://www.ssbportal.net/>

### **Revisions to Data Reported**

Revisions to data submitted on the Post-Expenditure Report for the previous fiscal year, after the report has been submitted for review to the Office of Community Services may result from circumstances such as miscategorization of expenditure, data input errors, or revision requests resulting from a request for consideration of data made by the Office of Community Services. Expenditure of funds in a subsequent fiscal year does not result in an adjustment of the Post-Expenditure Report, but instead should be completed on the Post-Expenditure Report for the fiscal year in which it is expended in the Carry-Over Expenditure column. Request for resubmission (also known as requests for revision) should be submitted to the Office of Community Services on agency letterhead, with a justification for the cause and need of the revision. Each request for resubmission/revision will receive individual consideration based on the guidance above. Requests for resubmission/revision should be sent to the State's assigned Social Services Program Specialist.