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Title of Information Collection: Social Services Block Grant Post-Expenditure Report

OMB Control Number: 0970-0234

REPORTING PERIOD

DATE OF SUBMISSION

Expiration Date: 11/30/2017

Expenditures Recipients Validation

State Official Contact Info

SSBG Contact Info

State CFO Contact Info

[Empty text box for State Official Contact Info]

[Empty text box for SSBG Contact Info]

[Empty text box for State CFO Contact Info]

Do your total expenditures include ALL other Federal, State, and local funds for this service category? (Check if yes, leave box unchecked if no)

Service Supported with SSBG Expenditures	SSBG Expenditures - FY 20XX	Carry Over from Previous FY	Funds Transferred into SSBG*	Carry Over of Funds Transferred into SSBG from Previous FY	Expenditures of All Other Federal, State, and Local Funds**	Total Expenditures	Actual or Estimated Amounts?		Provision Method		
							Actual	Estimated	Public	Private	
1) Adoption Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Case Management							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Congregate Meals							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Counseling Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Day Care--Adults							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Day Care--Children							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Education & Training Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Employment Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Family Planning Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Foster Care Services--Adults							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Foster Care Services--Children							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Health-Related Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Home-Based Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Home-Delivered Meals							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Housing Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Independent/Transitional Living Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Information & Referral							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Legal Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Pregnancy & Parenting							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Prevention & Intervention							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Protective Services--Adults							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Protective Services--Children							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Recreation Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Residential Treatment							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Special Services--Disabled							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Special Services--Youth at Risk							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) Substance Abuse Services							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) Transportation							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Other Services***							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) SUM OF EXPENDITURES FOR SERVICES							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Administrative Costs							<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remaining funds to be carried over into the next fiscal year

SSBG Expenditures Funds Transferred

[Empty text boxes for remaining funds]

\*From which block grant(s) were these funds transferred?

[Empty text box for block grant(s)]

\*\*Please list the sources of these funds

[Empty text box for sources of funds]

\*\*\*Please list and define the other services provided for within this service category.

[Empty text box for other services]

Additional Comments

[Empty text box for additional comments]





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DEFINITIONS

Please provide the definition of a child for the services provided in your State.

[Text input field]

Please provide the definition of an adult for the services provided in your State.

[Text input field]

Please provide the definition of a family for the services provided in your State.

[Text input field]

ASSURANCES

The grantee certifies that no carryover extends beyond the two year expenditure period outlined in the code Sec.2002[42 U.S.C. 1397a](c)

The grantee certifies that funds transferred from TANF to SSBG comply with the statutory requirements described in Section 404(d) of the Social Security Act.
- Transfer Limit: No more than 10% of the TANF Block Grant was transferred to SSBG.
- Applicable Rules: Federal TANF funds that were transferred to SSBG were only used for programs and services to children or their families whose income is less than 200 percent of the income official poverty line applicable to a family of the size involved.
- Expenditure Period: Federal TANF funds that were transferred to SSBG were expended within the two-year expenditure period. The transferred TANF funds and regular SSBG funds granted during a fiscal year are subject to the two-year timely filing provisions contained in 45 CFR Part 95.1.

By checking this box, the State SSBG official is providing the certification set out above.

Was the actual use of funds transferred from TANF to SSBG reflected in the pre-expenditure report?

- Yes
 No If no, please explain: [Text input field]

Is the total amount of funds transferred from TANF to SSBG equal to the amount reported for the related period in the TANF financial report (ACF196R)?

- Yes
 No If no, please explain: [Text input field]

VALIDATION QUESTIONS

1. SSBG expenditures for a service were reported but no recipients were reported. For the following service(s), you have reported SSBG Expenditures but no recipients. Can you provide this missing information? If so, please enter the missing information in the recipients tab for the following services(s). If no recipients can be reported, please provide a brief explanation.

[Text input field]

2. Adult recipients were reported for a children's service. You have reported adult recipients for the following services intended for children. Have these data been entered in error? If not, can you explain?

[Text input field]

3. Child recipients were reported for an adult service. You have reported child recipients for the following services intended for adults. Have these data been entered in error? If not, can you explain?

[Text input field]

4. The number of children, total adults, or total recipients for a service is less than 10. For the following service(s), you have reported less than 10 recipients. Please provide additional detail on how these service recipients are counted.

[Text input field]

5. The total expenditures for a service are less than \$1,000. For the following service(s), you have reported less than \$1000 of total expenditures. Please confirm that your State spent only this amount for the following service(s).

[Text input field]

6. The amount of total expenditures per recipient for a service is \$50 or less. For the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total expenditures by total recipients). Please provide any information on how your State provides services for this low per-person dollar amount.

[Text input field]

7. The difference between the allocation and expenditures is over \$1 million. Your reported SSBG allocation expenditures are \$X more/less than your annual allocation. Can you confirm that this difference is the result of funds carried over from the previous year or carried forward to the following year?

[Text input field]

8. The administrative costs are more than 9% of SSBG Expenditures. You have reported \$X of SSBG expenditures for administrative costs which is X% of your SSBG expenditures. Administration is an allowable SSBG expenditure category. Please provide any examples of how SSBG funds are used for administrative costs or the definition of administrative costs that is used for SSBG reporting purposes.

[Text input field]

9. TANF Transfer Funds were reported for a service but no child recipients were reported. You have reported TANF transfer funds for one or more services, and reported no child recipients for the same service(s). The intended use of TANF funds is to provide services to children and families. Please report any children benefiting from services paid for by TANF funds. If no known children benefited from the service(s) indicated, please provide an explanation of how the TANF funds were employed for their intended purposes without collecting data on child recipients.

[Text input field]