Temporary A	Assistance for Needy Families (TANI	F) 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
1 Tatal Evnandikunas Elinikla Ean Eadaral	STATE FAMILY ASSISTANCE GRANT (SFA	G)
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	\$	
	CONTINGENCY FUND	
1. 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	\$	\$
	information reported on all parts of this form is accurate and true to t	
ignature: State Official	are of expenditures estimated is or will be available to meet the non-l Typed Name, Title, Agency Name	reueral share of expenditures as required by law.
ate Submitted:	For Federal Use Only Rec'd	ADP
age 1 of 1 Approved OMB No. xxxx-xxxx		
orm ACF- XXX (XX/XX)		

Department of Health and Human Services

Administration for Children and Families

Temporary	Assistance for Needy Families (TA	NF) 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 (SF	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	\$	\$
-	information reported on all parts of this form is accurate and true	
Signature: State Official	hare of expenditures estimated is or will be available to meet the no Typed Name, Title, Agency Name	mercucial share 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

	Temporary Assistance for ACF-196 Finan	-			
DRAFT - DRAFT					
STATE:	FISCAL YEAR	CURRENT QUARTER ENDED:	NEXT QUARTER ENDED:		
	STATE FAMILY ASSISTA	NCE GRANT (SFAG)			
	Cumulative				
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 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	
	Page 1 of 1 Approved OMB No. xx	xxx-xxxx Form ACF-196 (xx/xx)		

Department of Health and Human Services					
Administration for Children and Families					
Distances (the services (the s	Assistance for Needy F	amilies (TANF) ACF	- 196R Financial Rej	port	
A DE LANGENCEN	Part 1: Expen	diture Data			
State	Grant Year	Fiscal Year	Report Quarter Ending	Next Quarter Ending	Report is Submitted as: [] New [] Revised [] Final (Zero Grant Funds Remaining)
	Federal Funds	State I	Funds	Federal Funds	Federal Funds
	State Family Assistance Grant			Contingency Funds Award Reconciliation Federal Share at FMAP Rate of:	Emergency Contingency Funds (Authorized by ARRA)
• • • • • • • • • • • • • • • • • • •	(A)	(B)	(C)	(D)	(E)
1. Awarded 2. Transferred to CCDF Discretionary	\$			\$	
3. Transferred to SSBG	\$				
4. Adjusted Award 5. Carryover					
Expenditures Categories	FEDERAL EXPENDITURES	STATE MOE EXPENDITURES IN TANF	MOE EXPENDITURES SEPARATE STATE PROGRAMS	EXPENDITURES WITH CONTINGENCY FUNDS	EXPENDITURES WITH EMERGENCY CONTINGENCY FUNDS
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	\$	s	\$	s	s
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	*	\$	<	s	\$
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	\$ \$	\$ \$	\$ \$	s s	\$ \$
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	\$	\$	s s	\$	\$
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	\$	\$	\$	\$	\$
24.Total Expenditures					
25 Transitional Services for Employed 26 Job Access	\$ \$	\$	\$	\$	\$
27. Federal Unliquidated Obligations	•				
28. Unobligated Balance	\$			\$	\$
29. State Replacement Funds		\$			
Quarterly Estimate	Estimate TANF Federal Funds				
30. Estimate of TANF Funds Requested for the Following Quarter	\$				
THIS IS TO CERTIFY THAT THE INFOR SIGNATURE: AUTHORIZED STATE OFFICIAL	MATION REPORTED ON ALL PARTS OF THIS FO		OF MY KNOWLEDGE AND BELIEF. TYPED NAME, TITLE, AGENC		
DATE SUBMITTED:			THED NAME, TILE, AGENC	I DAME	
DATE SUBMITTED: 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					
a Vasa	State	Fiscal Year			
Expenditure Categories	Descriptions o	f Expenditures	Methodology Used to Est State MOE	imate Federal Funding and 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.Other						
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 NAME			
DATE SUBMITTED:						
PAGE 2 OF 2 of APPROVED OMB No: 0970-XXXX, Expiration Date XX/XX/XXXX						