Department of Health and Human Services Administration for Children and Families Temporary Assistance for Needy Families (TANF) ACF - 196 Financial Report Grantee Fiscal Year Current Quarter Ended Next Quarter Ending Award Reconciliation C YES C No C New C Revised C Final

Federal Awards Transfers

SECTION A - Federal Awards and Transfers	A: Federal Awards Transfers	B: State Funds	C: State Funds	D: Contingency Fund Federal Share at FMAP RATE of .6854	E: ARRA Funds	F: Supplemental
1. Awarded						
2. Transferred to CCDF Discretionary						
3. Transfered to SSBG						
4. Adjusted SFAG						

Expenditures

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SECTION B - Expenditure Categories	Federal TANF Expenditures	State MOE Expenditures in TANF	MOE Expenditures Separate State Programs	Federal Expenditures	Federal Expenditures (ARRA)	Federal Expenditures (ARRA) Supplemental
5. Expenditures On Assistance						
a. Basic Assistance						
b. Child Care on Assistance						
c. Transportation and Other Supportive Services						
d. Assistance Authorized Solely under Prior Law						
6. Expenditures on Non-Assistance						
a. Work Related Activities / Expenses						
1. Work Subsidies						
2. Education and Training						
3. Other Work Activities / Expenses						
b. Child Care on Non-Assistance						
c. Transportation						
1. Job Access						
2. Other						
d. Individual Development Accounts						
e. Refundable Earned Income Tax Credits						
f. Other Refundable Tax Credits						
g. Non-Recurrent Short Term Benefits						
h. Prevention of Out of Wedlock Pregnancies						
i. 2-Parent Family Information and Maintenance						
j. Administration						

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k. Systems								
l. Non-Assistance Authorized Solely under Prior Law								
m. Other								
7. Total Expenditures-If 4th Quarter add attachment explaining information								
Obligations Replacement Fund								
Section B2 - Expenditure Categories (Contd.)	Federal TANF Expenditures	State MOE Expenditures in TANF	MOE Expenditure Separate State Progra		Federal Expenditures(ARRA)	Federal Expenditures (ARRA) Supplemental		
8. Transitional Services for Employed								
9. Federal Unliquidated Obligations								
10. Unobligated Balance								
11. State Replacement Funds								
		Quarter	ly Estimate					
SECTION C - Quarterly Estimate	Estimate TANF Federal Funds							
12. Estimate for Next QTR. Ended								
Grantee Certification								
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, Approving State Official		State Official Name		ate Official Title	State Official Agency	State Official Agency		

OMB #0970-0247, Expiration Date: XX/XX/XXXX

NOTE: PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to obtain revised expenditure data used by states with open grant awards for fiscal years (FYs) prior to FY 2015. Public reporting burden for this collection of information is estimated to average 5 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information which is authorized under Section 411 (a)(3) of the Social Security Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # and expiration date for this collection of information is 0970-0247 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact ACF at email address: infocollection@acf.hhs.gov.

Signature Date:

Date Submitted: