



**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES**

TRIBAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ACF - 196T FINANCIAL REPORT

TRIBE Name:	DOCUMENT CONTROL NUMBER:	GRANT AWARD YEAR:	SUBMISSION:
EMPLOYER ID NUMBER (EIN):	REPORT PERIOD: From: _____ To: _____		ORIGINAL [] REVISED [] QUARTERLY [] FINAL []

REPORTING ITEMS	COLUMN (A) FEDERAL TFAG FUNDS	COLUMN (B) STATE CONTRIBUTED MOE FUNDS	COLUMN (C) TRIBAL FUNDS	COLUMN (D) American Recovery & Reinvestment Act ARRA FUNDS
1. TOTAL FEDERAL FUNDS AWARDED	\$ _____	\$ _____		\$ _____

EXPENDITURES ON ASSISTANCE

2a. Cash Assistance Payments (Basic Assistance)	\$ _____	\$ _____		\$ _____
2b. Other Assistance Expenditures	\$ _____	\$ _____		\$ _____
2c. TOTAL ASSISTANCE EXPENDITURES	\$ _____	\$ _____		\$ _____

EXPENDITURES ON NON-ASSISTANCE

3a. Administration	\$ _____	\$ _____		\$ _____
3b. Systems	\$ _____	\$ _____		\$ _____
3c. Other Non-Assistance Expenditures	\$ _____	\$ _____		\$ _____
3d. TOTAL NON-ASSISTANCE EXPENDITURES	\$ _____	\$ _____		\$ _____

TOTALS

4. Total Expenditures	\$ _____	\$ _____		\$ _____
5. Unliquidated Balance	\$ _____			\$ _____
6. Unobligated Balance	\$ _____			\$ _____
7. Tribal Replacement Funds				

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: TRIBAL OFFICIAL		TYPED NAME, TITLE
DATE SUBMITTED:	CONTROL NO. 0970-0345	PHONE NUMBER:
FORM ACF-196T PAGE 1 OF 1	EXPIRATION DATE: 07/31/2011	EMAIL ADDRESS:

NOTE: PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to obtain expenditure data used by the Tribes for required fiscal year quarterly reporting. Public reporting burden for this collection of information is estimated to average 1.5 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 412 (h) 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 0970-0345 and the expiration date is XXXX/XXXX. If you have any comments on this collection of information, please contact ACF at email address: infocollection@acf.hhs.gov.