U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES

Office of Child Support Enforcement

OMB APPROVED

Control No. 0970-0510 Expires: 05/31/2021

FORM OCSE-396: CHILD SUPPORT ENFORCEMENT PROGRAM QUARTERLY FINANCIAL REPORT PART 1: EXPENDITURES and ESTIMATES

| State | : | Current (Claiming) | | Next (Estimating) | | <i>Mark</i> Initial Report | | |
|---|---|--|-------------------|---|-------------------|--|-------------------|--|
| 00/ FFD + 6 H + | | Quarter Ended: Current Quarter Claims | | Quarter Ending: Prior Quarter Adjustments | | Box: Rev'd Report Next Quarter Estimate | | |
| | 66% FFP rate for all cost categories, except where noted | | (B) Federal Share | (C) Total | (D) Federal Share | (E) Total | (F) Federal Share | |
| SECTION A. EXPENDITURES | | | | | | | | |
| 1a. | Admin. Costs w/ Incentive Payments (No FFP) | \$ | \$ | \$ | \$ | \$ | \$ | |
| 1b. | Administrative Costs: | • | | | | | | |
| 1c | Reguar Administrative Costs: | \$ | \$ | \$ | \$ | \$ | \$ | |
| 44 | Non-IV-D: | \$ | \$ | \$ | \$ | \$ | \$ | |
| Iu | Admin Costs w/ Incentives Under Waiver (No FFP): | \$ | | \$ | | \$ | | |
| 2a. | Program Income: Fees, Costs Recovered: | \$ | \$ | \$ | \$ | | | |
| 2b. | Program Income: | • | <u> </u> | | | | | |
| 3. | Interest, Other Net Administrative | \$ | \$ | \$ | \$ | | | |
| | Costs: ADP Development Costs | \$ | \$ | \$ | \$ | \$ | \$ | |
| | with APD Required: | \$ | \$ | \$ | \$ | \$ | \$ | |
| 5. | ADP Operational Costs with APD Required | \$ | \$ | \$ | \$ | \$ | \$ | |
| 6. | (Reserved) | | Y | - | | Y | | |
| 7. | Total Costs | | | | _ | | | |
| OF | Claimed: | \$ | \$ | \$ | \$ | \$ | \$ | |
| SECTION B. FEES FOR SERVICES / FEDERAL & STATE SHARES of COSTS 8. (Reserved) | | | | | | | | |
| ٥. | (Nosorvou) | | | | | | | |
| 9. | Federal Share of Title IV-A | From Form OCSE-34 | \$ | | | | \$ | |
| 10. | Child Support Collections: Fees - | Line 10b, Col G ==> Enter Total Fee in | | | | | Φ | |
| 11 | Federal FPLS: Fees - | Column B ===> Enter Total Fee in | \$ | | | | | |
| | CSENet: | Column B ===> | \$ | | | | | |
| 12. | Fees - Pre-Offset Service: | Enter Total Fee in Column B ===> | \$ | | | | | |
| 4.0 | | Enter Total Amount in | , | | | | | |
| | Adjustments: Net Federal Share of | Column B ===> | \$ | | | | | |
| | Expenditures: State Share of | Enter State Share Only | \$ | Enter State Share | \$ | | \$ | |
| 13. | Expenditures: | in Column B ===> | \$ | in Column D ===> | | | \$ | |
| SECTION C. INCENTIVE PAYMENTS | | | | | | | | |
| | Estimate of Earned | | | | | | | |
| | Incentive Payments: | | | | | | \$ | |
| This certifies that the information on this form is accurate and true to the best of my knowledge and belief. This also certifies that the State share of expenditures estimated for the Next Quarter are, or will be, available as required by law | | | | | | | | |
| Signature, IV-D Agency Director Signature, Approving Official | | | | | | | | |
| Date: | | | | | Date: | | | |
| Typed Name, Title, Agency | | | Турес | Typed Name, Title, Agency | | | | |
| | | | | | | | | |
| | | | | | | | | |

U.S Department of Health and Human Services OMB APPROVED Office of Child Support Enforcement Control No. 0970-051 Expires: 05/31/202 FORM OCSE-396: CHILD SUPPORT ENFORCEMENT PROGRAM QUARTERLY FINANCIAL REPORT PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS Current (Claiming) Initial Report State: Quarter Ended: Revised Report (B) Federal Share of (D) Applicable to Fiscal (E) Adjustment Identification and Explanation (C) Funding Category Quarter Ended (A) Total Adjustment Adjustments (if applicable) SECTION A: INCREASING ADJUSTMENTS \$ <=== TOTAL INCREASING ADJUSTMENTS SECTION B: DECREASING ADJUSTMENTS <=== TOTAL DECREASING ADJUSTMENTS <=== NET ADJUSTMENTS (Section A minus Section B) * Funding Categories: (with equivalent line numbers from Part 1): CEN - Administrative Costs Using Incentive Payments (66% FFP Rate: FY 2009-2010, Otherwise 0% FFP Rate): Line 1a. ADM - Administrative Costs (66% FFP Rate): Lines 1b and 1c CENW - Administrative Costs Using Incentive Payments Under Waiver (0% FFP Rate): Line 1d. INC - Program Income from fees, interest, etc. (66% FFP Rate): Lines 2a and 2b DEV - CSES Developmental Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 4 OPN - CSES Operational Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 5 ADP - CSES Costs where an Approved Advanced Planning Document (APD) is not required (66% FFP Rate): Line 6