

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

OMB Control Number: 0970-0234

REPORTING PERIOD DATE OF SUBMISSION

Expiration Date: XX/XX/XXXX

Expenditures Recipients Validation

State Official Contact Info SSBG Contact Info State CFO Contact Info

Table with columns: Service Supported with SSBG Expenditures, SSBG Expenditures FY 20XX, Carry Over from Previous FY, Funds Transferred into SSBG*, Carry Over of Funds Transferred to SSBG from Previous FY, Expenditures of All Other Federal, State, and Local Funds**, Total Expenditures, Actual or Estimated Amounts?, Provision Method (Public/Private), and a checkbox for including other funds.

Remaining funds to be carried over into the next fiscal year

SSBG Expenditures Funds Transferred

Input boxes for remaining funds

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

Text input box for block grant sources

**Please list the sources of these funds

Text input box for fund sources

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

Text input box for other services

Additional Comments

Text input box for additional comments



http://



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DEFINITIONS

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

[Text input box]

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

[Text input box]

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

[Text input box]

ASSURANCES

- The grantee certifies that no carryover extends beyond the two year expenditure period outlined in the code Sec2002(42 USC 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 box]

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 box]

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 service(s). If no recipients can be reported, please provide a brief explanation.

[Text input box]

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 box]

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 box]

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 box]

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 box]

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 box]

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 box]

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 box]

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 benefitting 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 box]