Title of Information Coll REPORTING PERIOD	ection: Soci	al Services B	llock Grant F	Post-Expend	iture Report						Number: 0970-0 on Date: XX/XX/X
penditures Recipients Volidation 1		SSBG Contact Info	<u></u>	State CFO C	ontact Info						
	SSBG Expenditures - FY 20XX	Corry Over from Previous FY	Funds Transferred rta SSBG*	Corry Over of unds Transferred to SSBG from	expenditures of All Other Federal, State, ond Local	Total Expenditures	Actual or Estimote Amounts	ed	Provisio	on Method	Do your total expenditures include ALL other Federal, State, and local funds for this service category? Kheck if yes, leave box upchecked if no)
vice Supported w th SSBG Expenditures				Pevious FY	funds**		Actual	Estimated	Public	Privote	
doption Services		1		11	1	1	0	0			
Cose Management				11	1	11		0			
Congregate Meols				1	1			0			
Counseling Services				1	1			0			
Doy CoreAdults					1			0			
Doy CoreChildren								0			
ducation & Training Services					1			0			
mployment Services		;		1	1			0			
omily Planning Services				1	1			0			
Foster Core ServicesAdults								0			
oster Core ServicesChildren			1	1	1			0			
Health-Related Services			1	1	1	11	¦ °	0			
Home-Based Services			1	11	1			0			
Home-Delivered Meols			1	וג	1			0			
Housing Services								0			
Independent/Tronsitionol Living Services								0			
Information & Referral				11	1			0			
Legal Services						1		0			
Pregnancy & Parenting								0			
Prevention & Intervention								0			
Protective ServicesAdults								0			
Protective ServicesChildren				1	1	1		0			
Recreation Services								0			
Residential Treatment				11	1			0			
Special ServicesDisabled								0			
Special ServicesYouth at Risk		:						0			
Substonce Abuse Services					1			0			
Transportation				11				0			
Other Services***				1	1			0			
SUM OF EXPENDITURES FOR SERVICES	<u> </u>			1				0			
Administrative Costs Remoining funds to be col "From which block gront(s) to	SSBG Expenditures	Funds Transferred	J L] 0	0			
**Please list the sources of		ded for within this servic	e colegory.								
Additional Comments											

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A Web Page

Expenditures Recipients Validation

A Web Page

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

OMB Control Number: 0970-0234 Expiration Date: XX/XX/XXXX

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	Children	Adults Age 59 Yeors & Younger	Adults Age 60 Years & Older	Aduits of Unknown Age	Total Adults	Actual, Er Doto?	stimated, or	Sampled	Duplicated Unduplicate		Please enter the eligibility criteria for this Service Category	State will submit eligibility criteria to OCS via email
Service Supported with SSBG Expenditures						Actual	Estimated	Sampled	Duplicated	Unduplicated		
1) Adoption Services) []]		0	0	0	0	0		
2) Cose Management						0	0	0	0	0		
3) Congregate Meals						0	0	0	0	0		
4) Counseling Services						0	0	0	0	0		
5) Doy CoreAdults						0	0	0	0	0		
6) Day CoreChildren						0	0	0	0	0		
7) Education & Training Services						0	0	0	0	0		
8) Employment Services						0	0	0	0	0		
9) Family Planning Services						0	0	0	0	0		
10) Foster Core ServicesAdults						0	0	0	0	0		
11) Foster Core ServicesChildren						0	0	0	0	0		
12) Heolth-Reloted Services						0	0	0	0	0		
13) Home-Based Services						0	0	0	0	0		
14) Home-Delivered Meals						0	0	0	0	0		
15) Housing Services						0	0	0	0	0		
16) Independent/Tronsitionol Living Services						0	0	0	0	0		
17) Information & Referral						0	0	0	0	0		
18) Legal Services						0	0	0	0	0		
19) Pregnancy & Parenting						0	0	0	0	0		
20) Prevention & Intervention						0	0	0	0	0		
21) Protective ServicesAdults						0	0	0	0	0		
22) Protective ServicesChildren						0	0	0	0	0		
23) Recreation Services						0	0	0	0	0		
24) Residential Treatment						0	0	0	0	0		
25) Special ServicesDisobled						0	0	0	0	0		
26) Special ServicesYouth at Risk						0	0	0	0	0		
27) Substance Abuse Services						0	0	0	0	0		
28) Tronsportation						0	0	0	0	0		
29) Other Services***						0	0	0	0	0		
30) SUM OF RECIPIENTS OF SERVICES												

	n Collection: Social Services Block Grant Post-Expenditure Report OMB Control Numb
tures Re	Expiration Date:
DEFIN	IITIONS
Pleas	e provide the definition of a child for the services provided in your State.
Pleas	e provide the definition of an adult for the services provided in your State
Pleas	e provide the definition of a family for the services provided in your State
ASSU	RANCES
	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 ti	e actual use of funds transferred from TANF to SSBG reflected in the pre-expenditurereport?
	O Yes
	O No If no, please explain:
ls 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)? O Yes
	O No If no, please explain
VALID	ATION QUESTIONS
F	SSBG expenditures for a service were reported but no recipients were reported. or the following service(s), you have reported SSBG Expenditures but no recipients. Can you provide this missing information? If so, lease enter the missing information in the recipients tab for the following services(s). If no recipients can be reported, please rovide a brief explanation.
E	
١Y	. Adult recipients were reported for a children's service. ou have reported adult recipients for the following services intended for children. Have these data been entered in error? If not, an you explain?
E	
١Y	Child recipients were reported for an adult service. ou have reported child recipients for the following services intended for adults. Have these data been entered in error? If not, can ou explain?
Ē	
F	. The number of children, total adults, or total recipients for a service is less than 10. or the following service(s), you have reported less than 10 recipients. Please provide additional detail on how these service ecipients are counted.
E	
	The total expenditures for a service are less than \$1,000.
5	on the following service(s), you have reported less than \$1000 of total expenditures. Please confirm that your State spent only this mount for the following service(s).
F	involution de loidening service(s).
F	
F a	The amount of total expenditures per recipient for a service is \$50 or less. or the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total xpenditures by total recipients). Please provide any information on how your State provides services for this low per-person dollar mount.
F a	. The amount of total expenditures per recipient for a service is \$50 or less. or the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total xpenditures by total recipient). Please provide any information on how your State provides services for this low per-person dollar
F a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f f e a b f e	. The amount of total expenditures per recipient for a service is \$50 or less. or the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total xpenditures by total recipient). Please provide any information on how your State provides services for this low per-person dollar
	The amount of total expenditures per recipient for a service is \$50 or less. or the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total xpenditures by total recipients). Please provide any information on how your State provides services for this low per-person dollar mount. The difference between the allocation and expenditures is over \$1 million. Our reported SSBG allocation expenditures are \$X more/less than your annual allocation. Can you confirm that this difference is the
F a 6 F e a 7 Y r	The amount of total expenditures per recipient for a service is \$50 or less. or the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total xpenditures by total recipients). Please provide any information on how your State provides services for this low per-person dollar mount. The difference between the allocation and expenditures is over \$1 million. Our reported SSBG allocation expenditures are \$X more/less than your annual allocation. Can you confirm that this difference is the
F 0 6 F 0 0 7 Y 12 8 Y 0	The amount of total expenditures per recipient for a service is \$50 or less. or the following service(s), the amount of total expenditures per recipient is less than \$50 (calculated by dividing total xpenditures by total recipients). Please provide any information on how your State provides services for this low per-person dollar mount. The difference between the allocation and expenditures is over \$1 million. our reported SSBG allocation expenditures are \$X more/less than your annual allocation. Can you confirm that this difference is the sult of funds carried over from the previous year or carried forward to the following year?