

**Department of Health and Human Services  
Administration for Children and Families**

**Temporary Assistance for Needy Families (TANF) Financial Report**

<b>STATE</b>	<b>FISCAL YEAR</b>	
<b>SUBMISSION (MARK ONE BOX)</b> [ ] Regular Quarterly [ ] Revision	<b>CURRENT QUARTER ENDED</b>	<b>NEXT QUARTER ENDING</b>
<b>ITEMS</b>	<b>TOTAL FY 19____ (a) EXPENDITURES</b>	<b>(b) CUMULATIVE ESTIMATES</b>

**STATE FAMILY ASSISTANCE GRANT (SFAG)**

<b>1. Total Expenditures Eligible For Federal Financial Participation (FFP)</b>	\$	\$
<b>2. Payments Including Systems Costs</b>	\$	
<b>3. Administration</b>	\$	
<b>4. State Share</b>	\$	\$
<b>5. Less Penalties/Audits/Etc...</b>	\$	
<b>6. Federal Share</b>	\$	\$
<b>7. Funds Transferred to Other Programs</b>	\$	

**CONTINGENCY FUND**

<b>1. Total Expenditures Eligible For Federal Financial Participation (FFP)</b>	\$	
<b>2. Administration</b>	\$	
<b>3. Federal Share</b>	\$	\$
<b>4. State Share</b>	\$	

**LOAN REPAYMENT**

	<b>CUMULATIVE REPAYMENTS</b>	<b>OUTSTANDING BALANCE</b>
<b>1. Principle &amp; Interest</b>	\$	\$

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.  
This also certifies that the State's share of expenditures estimated is or will be available to meet the non-Federal share of expenditures as required by law.

<b>Signature: State Official</b>	<b>Typed Name, Title, Agency Name</b>	
<b>Date Submitted:</b>	<b>For Federal Use Only Rec'd</b>	<b>ADP</b>



**Department of Health and Human Services  
Administration for Children and Families  
Temporary Assistance for Needy Families (TANF)  
ACF-196 Financial Report**

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<b>STATE:</b>	<b>FISCAL YEAR</b>	<b>CURRENT QUARTER ENDED:</b>	<b>NEXT QUARTER ENDED:</b>
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**STATE FAMILY ASSISTANCE GRANT (SFAG)**

Cumulative Totals

ITEMS	TOTAL FEDERAL EXPENDITURES/OUTLAYS	TOTAL FEDERAL UNLIQUIDATED OBLIGATIONS	TOTAL FEDERAL EXPENDITURES/OUTLAYS AND UNLIQUIDATED OBLIGATIONS
1. Cash Assistance	\$	\$	\$
2. Administration	\$	\$	\$
3. Systems	\$	\$	\$
4. Support Services	\$	\$	\$
5. Child Care	\$	\$	\$
6. Work Activities	\$	\$	\$
a. Training	\$	\$	\$
b. Education	\$	\$	\$
c. Work Subsidies	\$	\$	\$
7. Individual Development Accounts	\$	\$	\$
8. Transfers	\$	\$	\$
9. Total Expenditures/Outlays or Obligations	\$	\$	\$
10. Awarded	\$	\$	\$
11. Unobligated Balance	\$	\$	\$

**QUARTERLY ESTIMATE**

12. Federal Funds Requested for Next Qtr. Ended	\$
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**MAINTENANCE OF EFFORT**

13. State Financial Participation (MOE)	\$
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Signature: State Official	Typed Name, Title, Agency Name
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Date Submitted:	For Federal Use Only
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**Department of Health and Human Services**  
**Administration for Children and Families**  
**Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report**  
**Part 1: Expenditure Data**

State	Grant Year	Fiscal Year	Report Quarter Ending	Next Quarter Ending	Report is Submitted as: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Final (Zero Grant Funds Remaining)
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	Federal Funds	State Funds		Federal Funds	Federal Funds
	State Family Assistance Grant			Contingency Funds Award Reconciliation Federal Share at FMAP Rate of: _____%	Pandemic Emergency Funds (Authorized by ARPA)
	(A)	(B)	(C)	(D)	(E)
1. Awarded				\$	
2. Transferred to CCDF Discretionary	\$				
3. Transferred to SSBG	\$				
4. Adjusted Award					
5. Carryover					
Expenditures Categories	FEDERAL EXPENDITURES	STATE MOE EXPENDITURES IN TANF	MOE EXPENDITURES SEPARATE STATE PROGRAMS	EXPENDITURES WITH CONTINGENCY FUNDS	EXPENDITURES WITH PANDEMIC EMERGENCY FUNDS
<b>6 Basic Assistance</b>					
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$	\$	\$	\$	\$
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$	\$	\$	\$	\$
<b>7. Assistance Authorized Solely Under Prior Law</b>					
7.a. Foster Care Payments	\$	\$	\$	\$	\$
7.b. Juvenile Justice Payments	\$	\$	\$	\$	\$
7.c. Emergency Assistance Authorized Solely Under Prior Law	\$	\$	\$	\$	\$
<b>8. Non-Assistance Authorized Solely Under Prior Law</b>					
8.a. Child Welfare or Foster Care Services	\$	\$	\$	\$	\$
8.b. Juvenile Justice Services	\$	\$	\$	\$	\$
8.c. Emergency Services Authorized Solely Under Prior Law	\$	\$	\$	\$	\$
<b>9. Work, Education, and Training Activities</b>					
9.a. Subsidized Employment	\$	\$	\$	\$	\$
9.b. Education and Training	\$	\$	\$	\$	\$
9.c. Additional Work Activities	\$	\$	\$	\$	\$
<b>10. Work Supports</b>					
<b>11. Early Care and Education</b>					
11.a. Child Care (Assistance and Non-Assistance)	\$	\$	\$	\$	\$
11.b. Pre-Kindergarten/Head Start	\$	\$	\$	\$	\$
12. Financial Education and Asset Development	\$	\$	\$	\$	\$
13. Refundable Earned Income Tax Credits	\$	\$	\$	\$	\$
14. Non-EITC Refundable State Tax Credits	\$	\$	\$	\$	\$
15. Non-Recurrent Short Term Benefits	\$	\$	\$	\$	\$
16. Supportive Services	\$	\$	\$	\$	\$
17. Services for Children and Youth	\$	\$	\$	\$	\$
18. Prevention of Out-of-Wedlock Pregnancies	\$	\$	\$	\$	\$
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$	\$	\$	\$	\$
<b>20. Child Welfare Services</b>					
20.a. Family Support/ Family Preservation /Reunification Services	\$	\$	\$	\$	\$
20.b. Adoption Services	\$	\$	\$	\$	\$
20.c. Additional Child Welfare Services	\$	\$	\$	\$	\$
21. Home Visiting Programs	\$	\$	\$	\$	\$
<b>22. Program Management</b>					
22.a. Administrative Costs	\$	\$	\$	\$	\$
22.b. Assessment/Service Provision	\$	\$	\$	\$	\$
22.c. Systems	\$	\$	\$	\$	\$
23. Other	\$	\$	\$	\$	\$
24. Total Expenditures					
25. Transitional Services for Employed	\$	\$	\$	\$	\$
26. Job Access	\$	\$	\$	\$	\$
27. Federal Unliquidated Obligations	\$			\$	\$
28. Unobligated Balance	\$			\$	\$
29. State Replacement Funds	\$				

Quarterly Estimate	Estimate TANF Federal Funds
30. Estimate of TANF Funds Requested for the Following Quarter	\$

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: AUTHORIZED STATE OFFICIAL	TYPED NAME, TITLE, AGENCY NAME
DATE SUBMITTED:	



**Department of Health and Human Services**  
**Administration for Children and Families**  
**Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report**  
**Part 2: Narrative Section**

State	Fiscal Year	
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Expenditure Categories	Descriptions of Expenditures	Methodology Used to Estimate Federal Funding and State MOE Expenditures
<b>6 Basic Assistance</b>		
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)		
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies		
<b>7. Assistance Authorized Solely Under Prior Law</b>		
7.a. Foster Care Payments		
7.b. Juvenile Justice Payments		
7.c. Emergency Assistance Authorized Solely Under Prior Law		
<b>8. Non-Assistance Authorized Solely Under Prior Law</b>		
8.a. Child Welfare or Foster Care Services		
8.b. Juvenile Justice Services		
8.c. Emergency Services Authorized Solely Under Prior Law		
<b>9. Work, Education, and Training Activities</b>		
9.a. Subsidized Employment		
9.b. Education and Training		
9.c. Additional Work Activities		
<b>10. Work Supports</b>		
<b>11. Early Care and Education</b>		
11.a. Child Care (Assistance and Non-Assistance)		
11.b. Pre-Kindergarten/Head Start		
<b>12. Financial Education and Asset Development</b>		
<b>13. Refundable Earned Income Tax Credits</b>		
<b>14. Non-EITC Refundable State Tax Credits</b>		
<b>15. Non-Recurrent Short Term Benefits</b>		
<b>16. Supportive Services</b>		
<b>17. Services for Children and Youth</b>		
<b>18. Prevention of Out-of-Wedlock Pregnancies</b>		
<b>19. Fatherhood and Two-Parent Family Formation and Maintenance Programs</b>		
<b>20. Child Welfare Services</b>		
20.a. Family Support/ Family Preservation /Reunification Services		
20.b. Adoption Services		
20.c. Additional Child Welfare Services		
<b>21. Home Visiting Programs</b>		
<b>22. Program Management</b>		
22.a. Administrative Costs		
22.b. Assessment/Service Provision		
22.c. Systems		
<b>23. Other</b>		

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