



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

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)  
PANDEMIC EMERGENCY ASSISTANCE FUNDS AWARDED TO GRANTEEES**

GRANTEE NAME:	GRANTEE ENTITY TYPE (State, Territory, Tribe):
EMPLOYER ID NUMBER (EIN):	

SUBMISSION: <input type="checkbox"/> ANNUAL <input type="checkbox"/> FINAL	GRANT AWARD YEAR: <b>2021</b> REPORT PERIOD: From: April 1, 2021 To:
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REPORTING ITEMS	PANDEMIC EMERGENCY FUND (Authorized by ARPA)
1. Total Federal Funds Awarded	<b>\$0.00</b>
2. Administration	<b>\$0.00</b>
3. Non-Recurrent, Short Term Benefits	<b>\$0.00</b>
4. Total Expenditures (if using Excel, this will automatically calculate)	<b>\$0.00</b>
5. Unliquidated Obligations	<b>\$0.00</b>
6. Unobligated Balance (if using Excel, this will automatically calculate)	<b>\$0.00</b>

In concert with the QE 9/30/22 reporting cycle, the grantee should select their preference for receiving any available reallocated Pandemic Emergency Assistance Funds. The “yes” option must be selected in order for a reallocated award to be issued. If neither a “yes” or “no” is selected, OFA will interpret that to mean that the grantee does not want to receive additional funds.

If available, does the grantee opt to receive reallocated Pandemic Emergency Assistance Funds?  YES  NO

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 ORGANIZATIONAL REPRESENTATIVE	TYPED NAME, TITLE
DATE SUBMITTED:	PHONE NUMBER:
	EMAIL ADDRESS:
FORM ACF-196P	CONTROL NO. 0970-0510 EXPIRATION DATE: xx/xx/xxxx

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to ensure that federal TANF Pandemic Emergency Assistance Funds are used for activities that are reasonably calculated to meet one of the purposes of PEAF. Public reporting burden for this collection of information is estimated to average 6 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 403 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 # is 0970-0510 and the expiration date is 6/30/2024. If you have any comments on this collection of information, please contact infocollection@acf.hhs.gov.