



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 GRANTEES

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

SUBMISSION:	GRANT AWARD YEAR: 2021
<input type="checkbox"/> ANNUAL <input type="checkbox"/> FINAL	REPORT PERIOD:
	1, 2021 To: From: April

REPORTING ITEMS	PANDEMIC EMERGENCY FUND (Authorized by ARPA)
1. Total Federal Funds Awarded	\$0.00
2. Administration	\$0.00
3. Non-Recurrent, Short Term Benefits	\$0.00
4. Total Expenditures (if using Excel, this will automatically calculate)	\$0.00
5. Unliquidated Obligations	\$0.00
6. Unobligated Balance (if using Excel, this will automatically calculate)	\$0.00

In concert with the QE 9/30/22 reporting cycle, the grantee should select their preference for receiving any available reallotted Pandemic Emergency Assistance Funds. The “yes” option must be selected in order for a reallotted 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 reallotted 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