



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

TRIBAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ACF - 196T FINANCIAL REPORT

| | | |
|---------------------------|-------------------|--------------------------|
| TRIBE Name: | GRANT AWARD YEAR: | SUBMISSION: |
| EMPLOYER ID NUMBER (EIN): | REPORT PERIOD: | ORIGINAL [] REVISED [] |
| | From: To: | QUARTERLY [] FINAL [] |

| REPORTING ITEMS | COLUMN (A) FEDERAL TFAG FUNDS | COLUMN (B) STATE CONTRIBUTED MOE FUNDS | COLUMN (C) TRIBAL FUNDS |
|--------------------------------|-------------------------------------|--|----------------------------|
| 1. TOTAL FEDERAL FUNDS AWARDED | \$ | \$ | |

EXPENDITURES ON ASSISTANCE

| | | | |
|---|----|----|--|
| 2a. Cash Assistance Payments (Basic Assistance) | \$ | \$ | |
| 2b. Other Assistance Expenditures | \$ | \$ | |
| 2c. TOTAL ASSISTANCE EXPENDITURES | \$ | \$ | |

EXPENDITURES ON NON-ASSISTANCE

| | | | |
|---------------------------------------|----|----|--|
| 3a. Administration | \$ | \$ | |
| 3b. Systems | \$ | \$ | |
| 3c. Other Non-Assistance Expenditures | \$ | \$ | |
| 3d. TOTAL NON-ASSISTANCE EXPENDITURES | \$ | \$ | |

TOTALS

| | | | |
|-----------------------------|----|----|--|
| 4. Total Expenditures | \$ | \$ | |
| 5. Unliquidated Balance | \$ | | |
| 6. Unobligated Balance | \$ | | |
| 7. Tribal Replacement Funds | | | |

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: TRIBAL OFFICIAL | TYPED NAME, TITLE |
| DATE SUBMITTED: | PHONE NUMBER: |
| CONTROL NO. 0970-0345 | EMAIL ADDRESS: |
| FORM ACF-196T PAGE 1 OF 1 | EXPIRATION DATE: 04/30/2023 |

NOTE: PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to obtain expenditure data used by the Tribes for required fiscal year quarterly reporting. Public reporting burden for this collection of information is estimated to average 1.5 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 412 (h) 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 # and expiration date for this collection of information is 0970-0345 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact ACF at email address: infocollection@acf.hhs.gov.