



**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: 2021 REPORT PERIOD: 1, 2021 To: From: April
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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 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