

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

TEMPORARY ASS	SISTANCE FOR	R NEED	Y FAMILIES (T	ANF)		
PANDEMIC EMERGENCY	ASSISTANCE	FUNDS	S AWARDED TO	O GRANTEES		
GRANTEE NAME:		GRANTEE	ENTITY TYPE (State, Te	rritory, Tribe):		
EMPLOYER ID NUMBER (EIN):						
SUBMISSION:	FINAL	GRANT AV	VARD YEAR:		2021	
ANNUAL		1, 2021		From: April		
REPORTING ITEMS		PAN	DEMIC EMERGENCY FU	IND (Authorized by ARP	Δ)	
1. Total Federal Funds Awarded				(Authorized by ARP	Ај	\$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 th option must be selected in order for a reallotted award to be issued. If neitladditional 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 FO	ORM IS ACCURATE AND	TRUE TO T	HE BEST OF MY KNOW	LEDGE AND BELIEF		
		TYPED NA	ME, TITLE			
DATE SUBMITTED:		PHONE NU	JMBER:			
		EMAIL ADI	DRESS:			
EODM ACE 198D		CONTROL	NO 0970-0510	EXPIDATION DA	FE: vyleylyyyy	

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.