Department of Health and Human Services Administration for Children and Families

Temporary Assistance for Needy Families (TANF) Financial Report				
STATE	FISCAL YEAR			
SUBMISSION (MARK ONE BOX) [] Regular Quarterly [] Revision	CURRENT QUAI		NEXT QUARTER ENDING	
ITEMS	(a) TOTAL FY 19	EXPENDITURES	(b) CUMULATIVE ESTIMATES	
	STATE FAMILY ASSIST	ANCE GRANT (SFAG)		
Total Expenditures Eligible For Federal Financial Participation (FFP)	\$		\$	
2. Payments Including Systems Costs	\$			
3. Administration	\$			
4. State Share	\$		\$	
5. Less Penalties/Audits/Etc	\$			
6. Federal Share	\$		\$	
7. Funds Transferred to Other Programs	\$			
	CONTINGEN	ICY FUND		
Total Expenditures Eligible For Federal Financial Participation (FFP)	\$			
2. Administration	\$			
3. Federal Share	\$		\$	
4. State Share	\$			
LOAN REPAYMENT				
	CUMULATIVE R	EPAYMENTS	OUTSTANDING BALANCE	
1. Principle & Interest	\$		\$	
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.				
This also certifies that the State's share of expenditures estimated is or will be available to meet the non-Federal share of expenditures as required by law. Signature: State Official Typed Name, Title, Agency Name				
Date Submitted:	For Federal Use Only		ann	
Page 1 of 1	Rec'd		ADP	
Approved OMB No. xxxx-xxxx Form ACF- XXX (XX/XX)				

Department of Health and Human Services Administration for Children and Families

Temporary Assistance for Needy Families (TANF) Financial Report

STATE	FISCAL YEAR			
SUBMISSION (MARK ONE BOX) [] Regular Quarterly [] Revision	CURRENT QUARTER ENDED		NEXT QUARTER ENDING	
ITEMS	(a) TOTAL FY 19 I	EXPENDITURES	(b) CUMULATIVE ESTIMATES	
	STATE FAMILY ASSISTA	NCE GRANT (SFAG)		
1. Total Expenditures Eligible For Federal Financial Participation (FFP)	\$	\$		
2. Payments Including Systems Costs	\$			
3. Administration	\$			
4. State Share	\$	\$		
5. Less Penalties/Audits/Etc	\$			
6. Federal Share	\$	\$		
7. Funds Transferred to Other Programs	\$			
	LOAN REPA	YMENT		
	CUMULATIVE RE	:PAYMENTS	OUTSTANDING BALANCE	
1. Principal & Interest	\$	\$		
	formation reported on all parts of this forn e of expenditures estimated is or will be a		· ·	
Signature: State Official	Typed Name, Title, Agency Na		re of expenditures as required by law.	
Date Submitted:	For Federal Use Only Rec'd	ADF		
Page 1 of 1 Approved OMB No. xxxx-xxxx Form ACE, XXX (XX/XX)				

Department of Health and Human Services Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF-196 Financial Report

ACF-196 Financial Report					
DRAFT - DRAFT					
TATE:	FISCAL YEAR	CURRENT QUARTER ENDED:	NEXT QUARTER ENDED:		
STATE FAMILY ASSISTANCE GRANT (SFAG)					
Cumulative Totals					
ITEMS	TOTAL FEDERAL EXPENDITURES/OUTLAYS	TOTAL FEDERAL UNLIQUIDATED OBLIGATIONS	TOTAL FEDERAL EXPENDITURES/OUTLAYS AND UNLIQUIDATED OBLIGATIONS		
1. Cash Assistance	\$	\$	\$		
2. Administration	\$	\$	\$		
3. Systems	\$	\$	\$		
4. Support Services	\$	\$	\$		
5. Child Care	\$	\$	\$		
6. Work Activities	\$	\$	\$		
a. Training	\$	\$	\$		
b. Education	\$	\$	\$		
c. Work Subsidies	\$	\$	\$		
7. Individual Development Accounts	\$	\$	\$		
8. Transfers	\$	\$	\$		
9. Total Expenditures/Outlays or Obligations	\$	\$	\$		
.0. Awarded			\$		
1. Unobligated Balance			\$		
			QUARTERLY ESTIMATE		
2. Federal Funds Requested for Next Qtr. Ended			\$		
			MAINTENANCE OF EFFORT		
3. State Financial Participation (MOE)			\$		
		orm is accurate and true to the best of my knowledge a e available to meet the non-Federal share of expenditu			
inis also certifies that the	: State 5 Share of expenditures estimated is or will be	e available to illeet tile non-reueral silale of expenditu	ies as required by law.		

Signature: State Official Typed Name, Title, Agency Name

For Federal Use Only



Department of Health and Human Services

Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report Part 1: Expenditure Data

State	Grant Year	Fiscal Year	Report Quarter Ending	Next Quarter Ending Report is Submitted as:	
				[] New [] Revised	
				[] Final	
				(Zero Grant Funds Remaining)	
	<u>Federal Funds</u>	State F	<u>unds</u>	<u>Federal Funds</u>	
				I	
				Contingency Funds	
	State Family Assistance			Award Reconciliation	
	Grant				
				Federal Share at FMAP Rate of: %	
	(A)	(B)	(C)	(D)	
1. Awarded	(A)	(B)	(C)	(D)	
2. Transferred to CCDF Discretionary	•)	
3. Transferred to SSBG	,				
4. Adjusted Award					
5. Carryover					
		STATE MOE EXPENDITURES	MOE EXPENDITURES	ı	
Expenditures Categories	FEDERAL EXPENDITURES	IN TANF	SEPARATE STATE	EXPENDITURES WITH CONTINGENCY FUNDS	
O Book Andreas			PROGRAMS		
6 Basic Assistance 6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and					
Adoption and Guardianship Subsidies)	•			ام	
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship	•	3	>	>	
Subsidies	•	•	•	le.	
7. Assistance Authorized Solely Under Prior Law					
7.a. Foster Care Payments	\$			\$	
7.b. Juvenile Justice Payments	\$			\$	
7.c. EmergencyAssistance Authorized Solely Under Prior Law	\$			\$	
8. Non-Assistance Authorized Solely Under Prior Law 8.a. Child Welfare or Foster Care Services					
8.b. Juvenile Justice Services	•			\$	
8.c. Emergency Services Authorized Solely Under Prior Law	• •			\$ \$	
9. Work, Education, and Training Activities					
9.a. Subsidized Employment	\$	\$	\$	\$	
9.b. Education and Training	\$	\$	\$	\$	
9.c. Additional Work Activities	\$	\$	\$	\$	
10. Work Supports	\$	\$	\$	\$	
11. Early Care and Education 11.a. Child Care (Assistance and Non-Assistance)		-	_		
11.b. Pre-Kindergarten/Head Start	•	\$ e	\$ e	\$ e	
12. Financial Education and Asset Development	\$	\$	\$? \$	
13. Refundable Earned Income Tax Credits	\$	\$	\$	ļ\$	
14. Non-EITC Refundable State Tax Credits	\$	\$	\$	ļ\$	
15. Non-Recurrent Short Term Benefits	\$	\$	\$	\$	
16. Supportive Services	\$	\$	\$	\$	
17. Services for Children and Youth 18. Prevention of Out-of-Wedlock Pregnancies	\$	\$	\$	\$	
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	¢	\$	\$		
20. Child Welfare Services					
20.a. Family Support/ Family Preservation /Reunification Services	\$	\$	\$	\$	
20.b. Adoption Services	\$	\$	\$	\$	
20.c. Additional Child Welfare Services	\$	\$	\$	\$	
21. Home Visiting Programs 22. Program Management	s	5	\$	\$	
22.a. Administrative Costs	•	\$	\$	\$	
22.b. Assessment/Service Provision	\$	s	\$	\$	
22.c. Systems	\$	\$	\$	ļ\$	
23.0ther	\$	\$	\$	\$	
24.Total Expenditures					
25 Transitional Services for Employed	•	•	•	\$	
26 Job Access	\$	\$	\$	ĺ	
27. Federal Unliquidated Obligations 28. Unobligated Balance	•			\$ e	
29. State Replacement Funds	,	4			
and the process of the same of					
Quarterly Estimate	Estimate TANF Federal Funds				
30. Estimate of TANF Funds Requested for the Following Quarter	\$				
THIS IS TO CERTIFY THAT THE INFORMATION	REPORTED ON ALL PARTS OF THIS FORM IS A	CCURATE AND TRUE TO THE BEST OF MY			
SIGNATURE: AUTHORIZED STATE OFFICIAL			TYPED NAME, TITLE, AGEN	CY NAME	
DATE SUBMITTED:					
PAGE 1 OF 2 of APPROVED OMB No: 0970-0446. Expiration Date XX-XX-XXXX					



Department of Health and Human Services

Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report Part 2: Narrative Section

Transa	State Fiscal Year			
	State	riscai reai		
Expenditure Categories	Descriptions of Expenditures		Methodology Used to Estimate Federal Funding and State MOE Expenditures	
6 Basic Assistance				·
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)				
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies				
7. Assistance Authorized Solely Under Prior Law				
7.a. Foster Care Payments				
7.b. Juvenile Justice Payments				
7.c. EmergencyAssistance Authorized Solely Under Prior Law				
8. Non-Assistance Authorized Solely Under Prior Law				
8.a. Child Welfare or Foster Care Services				
8.b. Juvenile Justice Services				
8.c. Emergency Services Authorized Solely Under Prior Law				
9. Work, Education, and Training Activities				
9.a. Subsidized Employment				
9.b. Education and Training				
9.c. Additional Work Activities				
10. Work Supports				
11. Early Care and Education				
11.a. Child Care (Assistance and Non-Assistance)				
11.b. Pre-Kindergarten/Head Start				
12. Financial Education and Asset Development				
13. Refundable Earned Income Tax Credits				
14. Non-EITC Refundable State Tax Credits				
15. Non-Recurrent Short Term Benefits				
16. Supportive Services				
17. Services for Children and Youth				
18. Prevention of Out-of-Wedlock Pregnancies				
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs				
20. Child Welfare Services				
20.a. Family Support/ Family Preservation /Reunification Services				
20.b. Adoption Services				
20.c. Additional Child Welfare Services				
21. Home Visiting Programs				
22. Program Management				
22.a. Administrative Costs				
22.b. Assessment/Service Provision				
22.c. Systems				
23.Other				
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 STATE OFFICIAL	NIED ON ALL PARTS OF THIS FORM IS ACCURAT	E AND INCE TO THE DEST OF MY KNOWLED	TYPED NAME, TITLE, AGENCY N	IAME
DATE SUBMITTED:			25 MANE, IIIEE, AGENCI I	TO: IE
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