SSBG Pre-Expenditure R

Year:

Group:

Contacts						
Contact Type Name	First Name	Last Name	Title	Agency	Street1	Street2
State CFO Contact Info						
State SSBG Contact Info						
State Official Contact Info						

Definitions

Child		
Adult		
Family		

Assurances

Assurance Name	Yes	No	Comment	
Is the total amount of funds transferred from TANF to SSBG equal to the amount reported for the related period in the TANF financial report (ACF196R)?				
The grantee certifies that funds transferred from TANF to SSBG comply with the statutory requirements described in Section 404(d) of the Social Security Act.				

The grantee certifies that no carryover extends beyond the two year expenditure period outlined in the code Sec.2002 42 U.S.C. 1397a (c)

Was the actual use of funds transferred from TANF to SSBG reflected in the pre-expenditurereport?

Expenditures and Recipients

Service Supported with SSBG Expenditures

	Current Yn SSBG Allocati Expenditui	on SSBG Allocation		Fund	All Other Federal, State, and Local	Total Expenditures	Public	Private	Include All	Children	Adults A 59 Years Young	š &
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1) Adoption Services
2) Case Management
3) Congregate Meals
4) Counseling Services
5) Day CareAdults
6) Day CareChildren
7) Education and Training Services
8) Employment Services
9) Family Planning Services
10) Foster Care ServicesAdults
11) Foster Care ServicesChildren
12) Health-Related Services
13) Home-Based Services
14) Home-Delivered Meals
15) Housing Services
16) Independent/Transitional Living Services
17) Information & Referral
18) Legal Services
19) Pregnancy & Parenting
20) Prevention & Intervention
21) Protective ServicesAdults
22) Protective ServicesChildren
23) Recreation Services
24) Residential Treatment
25) Special ServicesDisabled
26) Special ServicesYouth at Risk
27) Substance Abuse Services

28) Transportation

29) Other Services***

30) SUM OF EXPENDITURES FOR SERVICES

31) Administrative Costs

32) SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS

33) Total SSBG Expenditures

34) Remaining funds to be carried over into the next fiscal year

Comments

From which block grant(s) were these funds transferred:

**Please list the sources of these funds:

***Please list other services:

Additional Comments

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С	ity s	State Name	Zip			Phone Number			Fax Number
Adults Age 60 years & Older	Adults of Total Ad Unknown Age	ults Total Recipients	Actual E	stimated	Sampled	Duplicated	Unduplicated	Eligibility Comment	Email

