

**FORM OCSS-396: CHILD SUPPORT SERVICES PROGRAM QUARTERLY FINANCIAL REPORT  
PART 1: EXPENDITURES and ESTIMATES**

State:	Current (Claiming) Quarter Ended:	Next (Estimating) Quarter Ending:	Mark Box:	Initial Report Rev'd Report
--------	--------------------------------------	--------------------------------------	--------------	--------------------------------

66% FFP rate for all cost categories, except where noted	Current Quarter Claims		Prior Quarter Adjustments		Next Quarter Estimate	
	(A) Total	(B) Federal Share	(C) Total	(D) Federal Share	(E) Total	(F) Federal Share

**SECTION A. EXPENDITURES**

1a. Admin. Costs w/ Incentive Payments (No FFP)	\$		\$		\$	
1b. Administrative Costs: Regular	\$		\$		\$	
1c. Administrative Costs: Non-IV-D:	\$		\$		\$	
1d. Admin Costs w/ Incentives Under Waiver (No FFP):	\$		\$		\$	
2a. Program Income: Fees, Costs Recovered:	\$		\$			
2b. Program Income: Interest, Other	\$		\$			
3. Net Administrative Costs:	\$		\$		\$	
4. ADP Development Costs with APD Required:	\$		\$		\$	
5. ADP Operational Costs with APD Required	\$		\$		\$	
6. (Reserved)						
7. Total Costs Claimed:	\$		\$		\$	

**SECTION B. FEES FOR SERVICES / FEDERAL & STATE SHARES of COSTS**

8. (Reserved)						
9. Federal Share of Title IV-A Child Support Collections:	From Form OCSS-34 Line 10b, Col G ==>	\$				\$
10. Fees - Federal FPLS:	Enter Total Fee in Column B ==>	\$				
11. Fees - CSENet:	Enter Total Fee in Column B ==>	\$				
12. Fees - Pre-Offset Service:	Enter Total Fee in Column B ==>	\$				
13. Adjustments:	Enter Total Amount in Column B ==>	\$				
14. Net Federal Share of Expenditures:		\$		\$		\$
15. State Share of Expenditures:	Enter State Share Only in Column B ==>	\$	Enter State Share Only in Column D ==>	\$		\$

**SECTION C. INCENTIVE PAYMENTS**

16. Estimate of Earned Incentive Payments:						\$
--	--	--	--	--	--	----

This certifies that the information on this form is accurate and true to the best of my knowledge and belief. This also certifies that the State share of expenditures estimated for the Next Quarter are, or will be, available as required by law

Signature, IV-D Agency Director	Signature, Approving Official
Date:	Date:

Typed Name, Title, Agency

Typed Name, Title, Agency

**FORM OCSS-396: CHILD SUPPORT SERVICES PROGRAM QUARTERLY FINANCIAL REPORT  
PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS**

<b>State:</b>	<i>Current (Claiming) Quarter Ended:</i>	<b>Mark Box:</b>	<input type="checkbox"/> Initial Report <input type="checkbox"/> Revised Report
---------------	--	------------------	--

(A) Total Adjustment	(B) Federal Share of Adjustments	(C) Funding Category	(D) Applicable to Fiscal Quarter Ended	(E) Adjustment Identification and Explanation (if applicable)
----------------------	----------------------------------	----------------------	--	---

**SECTION A: INCREASING ADJUSTMENTS**

\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$	<=== TOTAL INCREASING ADJUSTMENTS		

**SECTION B: DECREASING ADJUSTMENTS**

\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$	<=== TOTAL DECREASING ADJUSTMENTS		

\$	\$	<=== NET ADJUSTMENTS (Section A minus Section B)		
----	----	--	--	--

**\* Funding Categories:** (with equivalent line numbers from Part 1):  
CEN - Administrative Costs Using Incentive Payments (66% FFP Rate: FY 2009-2010, Otherwise 0% FFP Rate): Line 1a.  
ADM - Administrative Costs (66% FFP Rate): Lines 1b and 1c  
CENW - Administrative Costs Using Incentive Payments Under Waiver (0% FFP Rate): Line 1d.  
INC - Program Income from fees, interest, etc. (66% FFP Rate): Lines 2a and 2b  
DEV - CSES Developmental Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 4  
OPN - CSES Operational Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 5  
ADP - CSES Costs where an Approved Advanced Planning Document (APD) is not required (66% FFP Rate): Line 6