

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

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-expenditure report?			

Expenditures and Recipients

[illegible]

2) Case Management

3) Congregate Meals

4) Counseling Services

5) Day Care--Adults

6) Day Care--Children

7) Education and Training Services

8) Employment Services

9) Family Planning Services

10) Foster Care Services--Adults

11) Foster Care Services--Children

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 Services--Adults

22) Protective Services--Children

23) Recreation Services

24) Residential Treatment

25) Special Services--Disabled

26) Special Services--Youth 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

Report

City	State Name	Zip	Phone Number	Fax Number

[illegible]

