

**Department of Health and Human Services
Administration for Children and Families**

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

STATE	FISCAL YEAR	CURRENT QTR. ENDED	NEXT QTR. ENDING	ANNUAL RECONCILIATION [] YES [] NO
	FEDERAL FUNDS	STATE FUNDS		CONTINGENCY FUND FEDERAL SHARE AT FMAP RATE OF _____% (D)
	(A) FEDERAL AWARDS & TRANSFERS	(B)	(C)	FEDERAL AWARDS
1. AWARDED	\$			\$
2. TRANSFERRED TO CCDF DISCRETIONARY	\$			
3. TRANSFERRED TO SSBG	\$			
4. ADJUSTED SFAG	\$			
EXPENDITURE CATEGORIES	FEDERAL TANF EXPENDITURES	STATE MOE EXPENDITURES IN TANF	MOE EXPENDITURES IN SEPARATE STATE PROGRAMS	FEDERAL EXPENDITURES
5. EXPENDITURES ON ASSISTANCE	\$	\$	\$	\$
a. BASIC ASSISTANCE	\$	\$	\$	\$
b. CHILD CARE	\$	\$	\$	\$
c. TRANSPORTATION AND OTHER SUPPORTIVE SERVICES	\$	\$	\$	\$
d. ASSISTANCE AUTHORIZED SOLELY UNDER PRIOR LAW	\$	\$	\$	\$
6. EXPENDITURES ON NON-ASSISTANCE	\$	\$	\$	\$
a. WORK RELATED ACTIVITIES/EXPENSES	\$	\$	\$	\$
1. WORK SUBSIDIES	\$	\$	\$	\$
2. EDUCATION AND TRAINING	\$	\$	\$	\$
3. OTHER WORK ACTIVITIES/EXPENSES	\$	\$	\$	\$
b. CHILD CARE	\$	\$	\$	\$
c. TRANSPORTATION	\$	\$	\$	\$
1. JOB ACCESS	\$	\$	\$	\$
2. OTHER	\$	\$	\$	\$
d. INDIVIDUAL DEVELOPMENT ACCOUNTS	\$	\$	\$	\$
e. REFUNDABLE EARNED INCOME TAX CREDITS	\$	\$	\$	\$
f. OTHER REFUNDABLE TAX CREDITS	\$	\$	\$	\$
g. NON-RECURRENT SHORT TERM BENEFITS	\$	\$	\$	\$
h. PREVENTION OF OUT-OF-WEDLOCK PREGNANCIES	\$	\$	\$	\$
i. 2-PARENT FAMILY FORMATION AND MAINTENANCE	\$	\$	\$	\$
j. ADMINISTRATION	\$	\$	\$	\$
k. SYSTEMS	\$	\$	\$	\$
l. NON-ASSISTANCE AUTHORIZED SOLELY UNDER PRIOR LAW	\$	\$	\$	\$
m. OTHER	\$	\$	\$	\$
7. TOTAL EXPENDITURES	\$	\$	\$	\$

8. TRANSITIONAL SERVICES FOR EMPLOYED	\$	\$	\$	\$
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9. FEDERAL UNLIQUIDATED OBLIGATIONS	\$			\$
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10. UNOBLIGATED BALANCE	\$			\$
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11. STATE REPLACEMENT FUNDS		\$		
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QUARTERLY ESTIMATE

TANF FEDERAL FUNDS

12. ESTIMATE FOR NEXT QTR. ENDED	\$			
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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	TYPED NAME, TITLE, AGENCY NAME
DATE SUBMITTED:	SUBMITTAL: [] NEW [] REVISED