

**CHILD SUPPORT ENFORCEMENT PROGRAM FINANCIAL REPORT  
PART 1: QUARTERLY REPORT OF EXPENDITURES and ESTIMATES**

<b>State:</b>		<b>Current Quarter Ended:</b>		<b>Next Quarter Ending:</b>		<b>Mark Box:</b> Initial Report <input type="checkbox"/>		<input type="checkbox"/>	
						Rev'd Report <input type="checkbox"/>			
		<b>Current Quarter Claims</b>		<b>Prior Quarter Adjustments</b>				<b>Next Qtr. Est.</b>	
		<b>(A) Total</b>		<b>(B) Federal Share</b>		<b>(C) Total</b>		<b>(D) Federal Share</b>	
								<b>(E)</b>	
1a.	IV-D Costs (66% FFP).....	\$		\$				\$	
1b.	Non-IV-D Costs (66% FFP).....	\$		\$				\$	
2a.	Costs Recov'd, Fees.. (66% FFP)	\$		\$					
2b.	Interest, Income (66% FFP).....	\$		\$					
3.	Net Admin Costs. (66% FFP)	\$	\$	\$	\$		\$	\$	
4.	ADP Dev w/APD (66% FFP).....	\$	\$	\$	\$		\$	\$	
5.	ADP Opns w/APD (66% FFP).....	\$	\$	\$	\$		\$	\$	
6.	ADP w/No APD (66% FFP).....	\$	\$	\$	\$		\$	\$	
7.	[Reserved]								
8.	Lab Paternity (90% FFP).....	\$	\$	\$	\$		\$	\$	
9.	Total Costs Claimed.....	\$	\$	\$	\$		\$	\$	
10.	Quarterly Grant Adjustment.....	Amt. from OCSE-34A Line 12, Col G ==>						\$	
11.	Fees: Federal FPLS...	Enter Total Fee in Column B ==>							
12.	Fees: CSENet.....	Enter Total Fee in Column B ==>							
13.	Fees: Pre-Offset Svc..	Enter Total Fee in Column B ==>							
14.	Other Fees or Adjustments	Enter Total Amount in Column B ==>							
15.	Net Fed Share of Expenditures..	\$					\$		\$
16.	State Share of Expenditures..	Enter State Share Only in Column B ==>				Enter State Share Only in Column D ==>		\$	\$

**This is to certify that all information on all parts of this form is accurate and true to the best of my knowledge and belief. This also certifies that the State funds estimated above on Line 16 [Col E] of Part 1 are, or will be, available to meet the non-Federal share of expenditures as required by law**

Signature, IV-D Agency Director		Signature, Approving State Official	
Date:		Date:	
Typed Name, Title, Agency		Typed Name, Title, Agency	

## CHILD SUPPORT ENFORCEMENT PROGRAM FINANCIAL REPORT PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS

State:		Current Quarter Ended:		Mark Box:	<input type="checkbox"/> Initial Report <input type="checkbox"/> Revised Report
(A) Total Adjustment	(B) Federal Share of Adjustment	(C) Funding Category *	(D) Applicable to Fiscal Quarter Ended	(E) Audit Number (if applicable), Other Comments	
<b>SECTION A: INCREASING ADJUSTMENTS</b>					
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$	<=== TOTAL INCREASING ADJUSTMENTS			
<b>SECTION B: DECREASING ADJUSTMENTS</b>					
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$	<=== TOTAL DECREASING ADJUSTMENTS			
\$	\$	<=== NET ADJUSTMENTS (Section A Totals minus Section B Totals)			

\* **Funding Categories:** (with equivalent line numbers from Part 1):

- ADM - Regular Administrative Costs (at the 66% FFP Rate): Lines 1a and 1b
- INC - Program Income from fees, interest, etc. (at the 66% FFP Rate): Lines 2a and 2b
- DEV - CSES Developmental Costs with an Approved Advanced Planning Document (APD) (at the 66% FFP Rate): Line 4
- OPN - CSES Operational Costs with an Approved Advanced Planning Document (APD) (at the 66% FFP Rate): Line 5
- ADP - CSES Costs where an Approved Advanced Planning Document (APD) is not required (at the 66% FFP Rate): Line 6
- LAB - Laboratory Costs (at the 90% FFP Rate): Line 8

## CHILD SUPPORT ENFORCEMENT PROGRAM FINANCIAL REPORT PART 3: SEMIANNUAL BUDGET PROJECTIONS

<b>State:</b>	<b>Current Quarter Ended:</b>	<b>Mark</b>	<b>Initial Report</b>	<b>Revised Report</b>	
		<b>Box:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Fiscal Year</b> 20 _____	<b>Fiscal Year</b> 20 _____	<b>Fiscal Year</b> 20 _____		
<b>SECTION A: EXPENDITURES</b>					
Equivalent Line From Part 1					
1	IV-D Administrative Costs (Eligible for 66% FFP)...	1a, Cols. A+C	\$	\$	\$
2	Non-IV-D Administrative Costs (Eligible for 66% FFP)...	1b, Cols. A+C	\$	\$	\$
3	Fees and Costs Recovered.....	2a, Cols. A+C	\$	\$	\$
4	Interest and Other Income.....	2b, Cols. A+C	\$	\$	\$
5	Net Administrative Costs (Eligible for 66% FFP)...	3, Cols. A+C	\$	\$	\$
6	ADP Costs (Eligible for 66% FFP).....	4+5+6, Cols A+C	\$	\$	\$
7	Lab Paternity Determination Costs (Eligible for 90% FFP)...	8, Cols. A+C	\$	\$	\$
8	Total Expenditures Claimed....	9, Cols. A+C	\$	\$	\$
9	Federal Share of Expenditures Claimed.....	9, Cols. B+D	\$	\$	\$
<b>SECTION B: COLLECTIONS</b>					
Equivalent Line From Form OCSE-34A					
10	Total Collect. Distributed As Assistance Reimbursement.....	7a, Col G	\$	\$	\$
11	Current IV-A Assistance Collections Distributed.....	8, Col A	\$	\$	\$
12	Current IV-E Assistance Collections Distributed.....	8, Col B	\$	\$	\$
13	Former IV-A Assistance Collections Distributed.....	8, Col C	\$	\$	\$
14	Former IV-E Assistance Collections Distributed.....	8, Col D	\$	\$	\$
15	Medicaid Never Assistance Collections Distributed.....	8, Col E	\$	\$	\$
16	Other Never Assistance Collections Distributed.....	8, Col F	\$	\$	\$
17	Total Collections Distributed.....	8, Col G	\$	\$	\$
18	Federal Share of Collections.....	10a+10b, Col G	\$	\$	\$
Signature, IV-D Agency Director			Signature, Approving State Official		
Date:			Date:		
Typed Name, Title, Agency			Typed Name, Title, Agency		