

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES**

TRIBAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ACF - 196T FINANCIAL REPORT

TRIBE Name:	GRANT AWARD YEAR:	SUBMISSION:
EMPLOYER ID NUMBER (EIN):	REPORT PERIOD: From: _____ To: _____	ORIGINAL [] or REVISED [] QUARTERLY [] or FINAL []

REPORTING ITEMS	COLUMN (A) FEDERAL TFAG FUNDS	COLUMN (B) STATE CONTRIBUTED MOE FUNDS	COLUMN (C) TRIBAL FUNDS
1. TOTAL FEDERAL FUNDS AWARDED	\$	\$	

EXPENDITURES ON ASSISTANCE

2a. Cash Assistance Payments	\$	\$	
2b. Other Assistance Expenditures	\$	\$	
2c. TOTAL ASSISTANCE EXPENDITURES	\$	\$	

EXPENDITURES ON NON-ASSISTANCE

3a. Administration	\$	\$	
3b. Systems	\$	\$	
3c. Other Non-Assistance Expenditures	\$	\$	
3d. TOTAL NON-ASSISTANCE EXPENDITURES	\$	\$	

TOTALS

4. Total Expenditures	\$	\$	
5. Unliquidated Balance	\$		
6. Unobligated Balance	\$		
7. Tribal Replacement Funds	\$		\$

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: TRIBAL OFFICIAL	TYPED NAME, TITLE
DATE SUBMITTED:	PHONE NUMBER:
FORM ACF-196T PAGE 1 OF 1	CONTROL NO. 0970-0345 EXPIRATION DATE: 07/31/2011 EMAIL ADDRESS: