

ACF-196TR: TANF Financial Report**Program Name:** Temporary Assistance for Needy Families**Grantee Name:** Territory**Report Name:** ACF-196TR: TANF Financial Report**Funding/Grant Period:** FY Territory TANF**Report Period:** Quarter**Report Status:** Submitted**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES****ADMINISTRATION FOR CHILDREN AND FAMILIES****Territorial TANF Financial Report - ACF-196TR**

Territory Name: TERRITORY	Fiscal Year: 2019	Current Qtr. Ending:	Next Qtr. Ending:	Report is Submitted as: New Revised Final	
Funds	(A) TANF	(B) Territory Funds TANF MOE	(C) Territory Programs MOE	(D) TANF and All MOE Combined	(E) AABD
1. Awarded	\$0				\$0
2. Transfer To CCDF Discretionary Fund	\$0				
3. Transfer To SSBG	\$0				
4. Available For Expenditure	\$0				\$0
5. Expenditures On Assistance	\$0	\$0	\$0	\$0	
(A). Basic Assistance	\$0	\$0	\$0	\$0	
(B). Child Care	\$0	\$0	\$0	\$0	
(C). Transportation and Other Supportive Services	\$0	\$0	\$0	\$0	
(D). Under Prior Law	\$0			\$0	
(E) Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$0	\$0	\$0	\$0	
6. Expenditures on Non-Assistance	\$0	\$0	\$0	\$0	\$0
(A). Work-Related Activities and Expenses	\$0	\$0	\$0	\$0	
1. Subsidized Employment	\$0	\$0	\$0	\$0	
2. Education and Training	\$0	\$0	\$0	\$0	
3. Other Work Activities/Expenses	\$0	\$0	\$0	\$0	
(B). Child Care	\$0	\$0	\$0	\$0	
(C). Transportation	\$0	\$0	\$0	\$0	
1. Job Access	\$0	\$0	\$0	\$0	
2. Other Transportation	\$0	\$0	\$0	\$0	
(D). Individual Development Accounts	\$0	\$0	\$0	\$0	
(E). Refundable Earned Income Tax Cred its	\$0	\$0	\$0	\$0	
(F). Other Refundable Tax Credits	\$0	\$0	\$0	\$0	

(G). Non-Recurrent Short Term Benefits	\$0	\$0	\$0	\$0	
(H). 3 Prev. Out-of-Wedlock Pregnancy	\$0	\$0	\$0	\$0	
(I). 2-Parent Family Formation and Maintenance	\$0	\$0	\$0	\$0	
(J). Administration	\$0	\$0	\$0	\$0	\$0
(K). Systems	\$0	\$0	\$0	\$0	
(L). Non-Assistance Authorized Solely Under Prior Law	\$0			\$0	
(M). Other	\$0	\$0	\$0	\$0	
7. Aged					\$0
8. Blind					\$0
9. Disabled					\$0
10. Total Expenditures	\$0	\$0	\$0	\$0	\$0
11. Federal Unliquidated Obligations	\$0			\$0	\$0
12. Unobligated Balance	\$0			\$0	\$0
13. Territorial Share		\$0	\$0	\$0	\$0
14. Territorial Replacement Funds		\$0			
15. Estimate for Next Quarter Ended	\$0			\$0	\$0
16. Average Monthly Cases					
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.					
Signature, Authorized Territory Official	Typed Name & Title		Agency Name		Date Submitted:
					