



**Department of Health and Human Services**  
**Administration for Children and Families**  
**Temporary Assistance for Needy Families (TANF) ACF - 196 Financial Report**

State	FY Funds were Awarded	Current Quarter Ended	Next Quarter Ending	Report is Submitted as: [ ] New [ ] Revised [ ] Final	
	<b>State Family Assistance</b>			<b>Contingency Funds</b>	<b>Emergency Contingency Fund</b>
	<b>Federal Funds</b>	<b>State Funds</b>		Award Reconciliation [ ] YES [ ] NO	
				Federal Share at FMAP Rate of: _____%	
	(A)	(B)	(C)	(D)	(E)
1. Awarded	\$			\$	\$
2. Transferred to CCDF Discretionary	\$				
3. Transferred to SSBG	\$				
4. Adjusted SFAG	\$				
<b>Expenditures Categories</b>	<b>FEDERAL TANF EXPENDITURES</b>	<b>STATE MOE EXPENDITURES IN TANF</b>	<b>MOE EXPENDITURES SEPARATE STATE PROGRAMS</b>	<b>FEDERAL EXPENDITURES</b>	<b>FEDERAL EXPENDITURES</b>
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					
9. Federal Unliquidated Obligations	\$	\$	\$	\$	\$
10. Unobligated Balance	\$	\$	\$	\$	\$
11. State Replacement Funds		\$			
<b>Quarterly Estimate</b>		<b>TANF Federal Funds</b>			
12. Estimate for Next QTR. Ended	\$				
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:					
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