



Department of Health and Human Services

Administration for Children and Families

Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report
Part 1: Expenditure Data

State	Grant Year	Fiscal Year	Report Quarter Ending	Next Quarter Ending	Report is Submitted as: [] New [] Revised [] Final (Zero Grant Funds Remaining)
-------	------------	-------------	-----------------------	---------------------	---

	Federal Funds	State Funds		Federal Funds	Federal Funds
	State Family Assistance Grant			Contingency Funds Award Reconciliation Federal Share at FMAP Rate of: _____%	Emergency Contingency Funds (Authorized by ARRA)
	(A)	(B)	(C)	(D)	(E)
1. Awarded				\$	
2. Transferred to CCDF Discretionary	\$				
3. Transferred to SSBG	\$				
4. Adjusted Award					
5. Carryover					
Expenditures Categories	FEDERAL EXPENDITURES	STATE MOE EXPENDITURES IN TANF	MOE EXPENDITURES SEPARATE STATE PROGRAMS	EXPENDITURES WITH CONTINGENCY FUNDS	EXPENDITURES WITH EMERGENCY CONTINGENCY FUNDS
6 Basic Assistance					
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$	\$	\$	\$	\$
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$	\$	\$	\$	\$
7. Assistance Authorized Solely Under Prior Law					
7.a. Foster Care Payments	\$			\$	\$
7.b. Juvenile Justice Payments	\$			\$	\$
7.c. Emergency Assistance Authorized Solely Under Prior Law	\$			\$	\$
8. Non-Assistance Authorized Solely Under Prior Law					
8.a. Child Welfare or Foster Care Services	\$			\$	\$
8.b. Juvenile Justice Services	\$			\$	\$
8.c. Emergency Services Authorized Solely Under Prior Law	\$			\$	\$
9. Work, Education, and Training Activities					
9.a. Subsidized Employment	\$	\$	\$	\$	\$
9.b. Education and Training	\$	\$	\$	\$	\$
9.c. Additional Work Activities	\$	\$	\$	\$	\$
10. Work Supports					
11. Early Care and Education					
11.a. Child Care (Assistance and Non-Assistance)	\$	\$	\$	\$	\$
11.b. Pre-Kindergarten/Head Start	\$	\$	\$	\$	\$
12. Financial Education and Asset Development	\$	\$	\$	\$	\$
13. Refundable Earned Income Tax Credits	\$	\$	\$	\$	\$
14. Non-EITC Refundable State Tax Credits	\$	\$	\$	\$	\$
15. Non-Recurrent Short Term Benefits	\$	\$	\$	\$	\$
16. Supportive Services	\$	\$	\$	\$	\$
17. Services for Children and Youth	\$	\$	\$	\$	\$
18. Prevention of Out-of-Wedlock Pregnancies	\$	\$	\$	\$	\$
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$	\$	\$	\$	\$
20. Child Welfare Services					
20.a. Family Support/ Family Preservation /Reunification Services	\$	\$	\$	\$	\$
20.b. Adoption Services	\$	\$	\$	\$	\$
20.c. Additional Child Welfare Services	\$	\$	\$	\$	\$
21. Home Visiting Programs	\$	\$	\$	\$	\$
22. Program Management					
22.a. Administrative Costs	\$	\$	\$	\$	\$
22.b. Assessment/Service Provision	\$	\$	\$	\$	\$
22.c. Systems	\$	\$	\$	\$	\$
23. Other	\$	\$	\$	\$	\$
24. Total Expenditures					
25. Transitional Services for Employed	\$	\$	\$	\$	\$
26. Job Access	\$	\$	\$	\$	\$
27. Federal Unliquidated Obligations	\$			\$	\$
28. Unobligated Balance	\$			\$	\$
29. State Replacement Funds		\$			

Quarterly Estimate	Estimate TANF Federal Funds
30. Estimate of TANF Funds Requested for the Following Quarter	\$

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:	



Department of Health and Human Services
Administration for Children and Families
Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report
Part 2: Narrative Section

State	Fiscal Year	
-------	-------------	--

Expenditure Categories	Descriptions of Expenditures	Methodology Used to Estimate Federal Funding and State MOE Expenditures
6 Basic Assistance		
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)		
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies		
7. Assistance Authorized Solely Under Prior Law		
7.a. Foster Care Payments		
7.b. Juvenile Justice Payments		
7.c. Emergency Assistance Authorized Solely Under Prior Law		
8. Non-Assistance Authorized Solely Under Prior Law		
8.a. Child Welfare or Foster Care Services		
8.b. Juvenile Justice Services		
8.c. Emergency Services Authorized Solely Under Prior Law		
9. Work, Education, and Training Activities		
9.a. Subsidized Employment		
9.b. Education and Training		
9.c. Additional Work Activities		
10. Work Supports		
11. Early Care and Education		
11.a. Child Care (Assistance and Non-Assistance)		
11.b. Pre-Kindergarten/Head Start		
12. Financial Education and Asset Development		
13. Refundable Earned Income Tax Credits		
14. Non-EITC Refundable State Tax Credits		
15. Non-Recurrent Short Term Benefits		
16. Supportive Services		
17. Services for Children and Youth		
18. Prevention of Out-of-Wedlock Pregnancies		
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs		
20. Child Welfare Services		
20.a. Family Support/ Family Preservation /Reunification Services		
20.b. Adoption Services		
20.c. Additional Child Welfare Services		
21. Home Visiting Programs		
22. Program Management		
22.a. Administrative Costs		
22.b. Assessment/Service Provision		
22.c. Systems		
23. Other		

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:	