



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 [] REVISSED [] QUARTERLY [] FINAL []

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

EXPENDITURES ON ASSISTANCE

2a. Cash Assistance Payments (Basic Assistance)	\$	\$		\$
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:
CONTROL NO. 0970-0345	EMAIL ADDRESS:
FORM ACF-196T PAGE 1 OF 1	EXPIRATION DATE: 03/31/2010