



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

State	Fiscal Year	Current Quarter Ended	Next Quarter Ending	Award Reconciliation [ ] YES [ ] NO
	<u>Federal Funds</u>	<b>STATE FUNDS</b>		CONTINGENCY FUND FEDERAL SHARE AT FMAP RATE OF: _____% FEDERAL AWARDS (D)
	FEDERAL AWARDS & TRANSFERS (A)	(B)	(C)	
1. Awarded	\$			\$
2. Transferred to CCDF Discretionary	\$			
3. Transferred to SSBG	\$			
4. Adjusted SFAG	\$			
Expenditures Categories	FEDERAL TANF EXPENDITURES	STATE MOE EXPENDITURES IN TANF	MOE EXPENDITURES SEPARATE STATE PROGRAMS	FEDERAL EXPENDITURES
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		\$		
Quarterly Estimate	Estimate TANF Federal Funds			
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:		SUBMITTAL: [ ] NEW [ ] REVISED [ ] FINAL		
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FORM ACF-196				