Temporary Assistance for Needy Families (TANF) Maintenance of Effort Information

Information Required by provisions of the General Appropriations Act for State Fiscal Year 2007 – 2008, State of Florida

NOTE: Form has Three	FY 2007-2008 Instructions
sections.	
	Submit Section One by July
**Special Note: FY 2006-2007	15, 2007 for update of TANF
Instructions To assist with	State Plan and to establish a
TANF MOE for FY 2006-2007,	baseline for 1995
please file a Section One for	expenditures.
each program and a Section	
Two (ACF 196) for the first	Submit Section Two (ACF
two quarters—October 1,	196) on a quarterly basis.
2006—December 31, 2006	Due date is 30 days following
and January 1, 2007—March	the end of the federal fiscal
31, 2007 along with the	quarter.
Section One for FY 2007—	
2008 by July 15, 2007. File a	Submit Section Three on an
Section Two (ACF 196) for	annual basis at the end of the
April 1, 2007-June 30, 2007 by	federal fiscal year—due date
July 30, 2007.	October 30.

Section One:

Annual Information for the Update of the TANF State Plan and Compilation of the Annual Report on State Maintenanceof-Effort Programs: Form ACF-204

State Agency	For the Period
Beginning and Ending	
Date Submitted	
Contact Information: Name	
Email Address:	
Telephone:	

Provide the following information for **EACH PROGRAM** (according to the nature of service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

- 1. Name of Service Program
- 2. Description of the Major Program Benefits, Services, and Activities:
- 3. Purpose(s) of Service Program:

For examples of responses to items 1, 2 and 3, see 2005-2006 TANF MOE Report on DCF's webpage

http://www.myflorida.com/cf_web/

4. Can this program be reasonably calculated to prevent or reduce the incidence of out-of-wedlock pregnancy? Yes _____ No ____.

5. Can this program be reasonably calculated to encourage the formation and maintenance of two-parent families? Yes _____ No _____

6. Prior Program Authorization: Was the program authorized in federal fiscal year 1995?

Yes _____ No _____

If answer to question **6** is "YES," list Total Program Expenditures in FY 1995: <u>\$</u>_____

Section Two:

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Department of Health and Human Services Administration for Children and Families

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PAGE 1 OF 1 APPROVED OMB NO. 0970-0247 FORM ACF-196 (09/30/05)	DATE SUBMITTED:	SUBMITTAL: []	NEW [] REVISED				

Section Threee

Information for the Compilation of the Annual Report on State Maintenance-of-Effort Programs: Form ACF-204

State Agency	For the Quarter			
Beginning and Ending				
Date Submitted				
Contact Information: Name				
Email Address:				
Telephone:				
1. Name of Service Program				
 Total Number of Families Served under <u>Funds</u>: (Indicate by program/purpose t 				
To reduce the incidence of out-of-wedle pregnancy				
To encourage the formation and mainten families	•			
This total number represents (check on	e):			
The total served during the by this report.	fiscal quarter represented			
The total served during the 1, 2006-September 30, 2007.)	federal fiscal year (October			
CERTIFICATION				
SIGNATURE:				
NAME:				
TITI E·				