NOTE: Form has Three sections.

**Special Note: FY 2006-2007 Instructions**

FY 2007-2008 Instructions
Submit Section One by July 15, 2007 for update of TANF State Plan and to establish a baseline for 1995 expenditures.

Submit Section Two (ACF 196) on a quarterly basis. Due date is 30 days following the end of the federal fiscal quarter.

Submit Section Three on an annual basis at the end of the federal fiscal year—due date October 30.

Section One:

Annual Information for the Update of the TANF State Plan and Compilation of the Annual Report on State Maintenance-of-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: $_________________________
## Section Two:

Department of Health and Human Services  
Administration for Children and Families

### Temporary Assistance for Needy Families (TANF)  
ACF-196 Financial Report

<table>
<thead>
<tr>
<th>STATE</th>
<th>FISCAL YEAR</th>
<th>CURRENT QTR. ENDED</th>
<th>NEXT QTR. ENDING</th>
<th>ANNUAL RECONCILIATION</th>
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<tbody>
<tr>
<td></td>
<td>FEDERAL FUNDS</td>
<td>STATE FUNDS</td>
<td>CONTINGENCY FUND</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A) FEDERAL AWARD &amp; TRANSFERS</td>
<td>(B)</td>
<td>(C)</td>
<td></td>
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<td></td>
<td>FEDERAL SHARE AT IMPERIAL RATE OF</td>
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1. AWARDED
2. TRANSFERRED TO CCF DISCRETIONARY
3. TRANSFERRED TO SSBG
4. ADJUSTED BRAG

### EXPENDITURE CATEGORIES

<table>
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<th>EXPENDIURES ON NON-ASSISTANCE</th>
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5. EXPENDITURES ON ASSISTANCE

a. BASIC ASSISTANCE
b. CHILD CARE
c. TRANSPORTATION AND OTHER SUPPORTIVE SERVICES
d. ASSISTANCE AUTHORIZED SOLELY UNDER PRIOR

### OBE EXPENDITURES IN TANF

6. EXPENDITURES ON NON-ASSISTANCE

a. WORK-RELATED ACTIVITIES/EXPENSES
b. MEDICAL AND HOSPITALIZATION expenses
c. OTHER WORK ACTIVITIES/EXPENSES
d. CHILD CARE
    1. TRANSPORTATION
    2. JOB ACCESS
    3. OTHER
    4. INDIVIDUAL DEVELOPMENT ACCOUNTS
    5. REFUNDABLE EARNED INCOME TAX CREDITS
    6. OTHER REFUNDABLE TAX CREDITS
    7. NON-REFUNDABLE SHORT-TERM BENEFITS
    8. PREVENTION OF OUT-OF-WEDLOCK PREGNANCIES
    9. 2-PARENT FAMILY FORMATION AND MAINTENANCE
     10. ADMINISTRATION
     11. SYSTEMS
     12. NON-ASSISTANCE AUTHORIZED SOLELY UNDER PRIOR
     13. OTHER
     14. TOTAL EXPENDITURES

7. TRANSITIONAL SERVICES FOR EMPLOYED

8. FEDERAL UNLIQUIDATED OBLIGATIONS
9. UNLIQUIDATED BALANCE

10. STATE REPLACEMENT FUNDS

**QUARTERLY ESTIMATE**

<table>
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<tr>
<th>FEDERAL FUNDS</th>
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11. ESTIMATE FOR NEXT QTR. ENDING

**SIGNATURE: AUTHORIZED STATE OFFICIAL**

**DATE SUBMITTED:**

**TYPED NAME, TITLE, AGENCY NAME**

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*PAGE 1 OF 1  APPROVED On NO. 1972-G47  FORM ACF-196 (2/6/08)*
Section Three

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

2. Total Number of Families Served under the program with MOE Funds: (Indicate by program/purpose type.)

To reduce the incidence of out-of-wedlock pregnancy__________________________

To encourage the formation and maintenance of two-parent families__________________________

This total number represents (check one):

_________ The total served during the fiscal quarter represented by this report.

_________ The total served during the federal fiscal year (October 1, 2006-September 30, 2007.)

CERTIFICATION

SIGNATURE: _____________________________________________

NAME: _________________________________________________

TITLE: __________________________________________________

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