

**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**

<p>NOTE: Form has Three sections.</p> <p><u>**Special Note: FY 2006-2007 Instructions</u> To assist with TANF MOE for FY 2006-2007, please file a Section One for each program and a Section Two (ACF 196) for the first two quarters—October 1, 2006—December 31, 2006 and January 1, 2007—March 31, 2007 along with the Section One for FY 2007—2008 by July 15, 2007. File a Section Two (ACF 196) for April 1, 2007-June 30, 2007 by July 30, 2007.</p>	<p><u>FY 2007-2008 Instructions</u></p> <p>Submit Section One by July 15, 2007 for update of TANF State Plan and to establish a baseline for 1995 expenditures.</p> <p>Submit Section Two (ACF 196) on a quarterly basis. Due date is 30 days following the end of the federal fiscal quarter.</p> <p>Submit Section Three on an annual basis at the end of the federal fiscal year—due date October 30.</p>
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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				
STATE	FISCAL YEAR	CURRENT QTR. ENDED	NEXT QTR. ENDING	ANNUAL RECONCILIATION [] YES [] NO
	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>		<u>CONTINGENCY FUND</u>
	(A) FEDERAL AWARDS & TRANSFERS	(B)	(C)	FEDERAL SHARE AT FMAP RATE OF _____% (D) FEDERAL AWARDS
1. AWARDED	\$			\$
2. TRANSFERRED TO CCDF DISCRETIONARY	\$			\$
3. TRANSFERRED TO SSBG	\$			\$
4. ADJUSTED SFAG	\$			\$
EXPENDITURE CATEGORIES	FEDERAL TANF EXPENDITURES	STATE MOE EXPENDITURES IN TANF	DE EXPENDITURES IN 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		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			
PAGE 1 OF 1 APPROVED OMB NO. 0970-0247 FORM ACF-196 (09/30/05)				

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

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: _____