## U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES

Office of Child Support Enforcement

OMB APPROVED

Control No. 0970-0510 Expires: 06/30/2024

## FORM OCSE-396: CHILD SUPPORT ENFORCEMENT PROGRAM QUARTERLY FINANCIAL REPORT **PART 1: EXPENDITURES and ESTIMATES**

State:			Current (Claiming)		Next (Estimating)		Mark Initial Report		
66% FFP rate for all cost		Quarter Ended: Current Quarter Claims		Quarter Ending: Prior Quarter Adjustments		Box: Rev'd Report  Next Quarter Estimate			
	categories, except where noted	(A) Total	(B) Federal Share	(C) Total	(D) Federal Share	(E) Total	(F) Federal Share		
	CTION A. EXPENDITU	RES							
1a.	Admin. Costs w/ Incentive Payments ( <b>No FFP</b> )	\$	\$	\$	\$	\$	\$		
	<b>1b.</b> Administrative Costs:	Ψ	Ψ	Ψ	Ψ	Ψ	Ψ		
	Regular	\$	\$	\$	\$	\$	\$		
1c	Administrative Costs:	Φ.	•	0	Φ.	Φ.	Φ.		
14	Non-IV-D: Admin Costs w/ Incentives	<b>\$</b>	<b> \$</b>	\$	\$	\$	\$		
٠	Under Waiver ( <b>No FFP</b> ):	\$		\$		\$			
2a.	Program Income:	_		_					
26	Fees, Costs Recovered:	\$	\$	\$	\$				
20.	Program Income: Interest, Other	\$	\$	\$	\$				
3.	Net Administrative	T	7	, , , , , , , , , , , , , , , , , , ,	T				
	Costs:	\$	\$	\$	\$	\$	\$		
4.	ADP Development Costs with APD Required:	\$	\$	\$	\$	\$	\$		
5.	ADP Operational Costs	Ψ	Ψ	Ψ	Ψ	Ψ	Ψ		
	with APD Required	\$	\$	\$	\$	\$	\$		
6.	(Reserved)								
7.	Total Costs								
	Claimed:	\$	\$	\$	\$	\$	\$		
	SECTION B. FEES FOR SERVICES / FEDERAL & STATE SHARES of COSTS								
8.	(Reserved)								
9.	Federal Share of Title IV-A	From Form OCSE-34							
	Child Support Collections:	Line 10b, Col G ==>	\$				\$		
10.	Fees - Federal FPLS:	Enter Total Fee in Column B ===>	¢						
11.	Fees -	Enter Total Fee in	Ψ						
	CSENet:	Column B ===>	\$						
12.	Fees -	Enter Total Fee in	œ.						
	Pre-Offset Service:	Column B ===> Enter Total Amount in	\$						
13.	Adjustments:	Column B ===>	\$						
14.	Net Federal Share of								
15	Expenditures: State Share of	Enter State Share Only	\$	Enter State Share O	Shy Shy		\$		
13.	Expenditures:	in Column B ===>	\$	in Column D ===>	\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$		
SECTION C. INCENTIVE PAYMENTS									
16.	Estimate of Earned								
	Incentive Payments:						\$		
This	certifies that the information on	this form is accurate ar	nd true to the best of m	y knowledge and be	elief. This also certifies th	at the State share of e	spenditures estimated		
			e Next Quarter are, or v	will be, available as	required by law				
Signature, IV-D Agency Director Signature, Approving Official									
			Date:		Date:				
Турес	Name, Title, Agency			Typed N	Typed Name, Title, Agency				
	Form OCCE 200 Dord 4 /0	0 10 1 10001		-l f 40/04/0047					

U.S Department of Hea Office of Child Support E	alth and Human Service Enforcement	!S				OMB APPROVED  Control No. 0970-0510  Expires: 06/24/2024						
FORM OCSE-396: CHILD SUPPORT ENFORCEMENT PROGRAM QUARTERLY FINANCIAL REPORT PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS												
State:		Current (Claim Quarter Ended	Mark Box:									
(A) Total Adjustment	(B) Federal Share of Adjustments	(C) Funding Category	(E) Adjustment	(E) Adjustment Identification and Explanation (if applicable)								
SECTION A: INCREA	SING ADJUSTMENTS	(c) i unung caragary	Quarter Ended		(п арричин,							
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$	<=== TOTAL INCREAS	ING ADJUSTMENTS									
SECTION B: DECREA	ASING ADJUSTMENTS											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$											
\$	\$	<=== TOTAL DECREAS	SING ADJUSTMENTS									
\$	\$	<=== NET ADJUSTME	NTS (Section A minus S	Section B)								
* Funding Categorie CEN - Administrat ADM - Administrat CENW - Administr INC - Program Inc. DEV - CSES Devel	es: (with equivalent line retive Costs Using Incentive Paytive Costs (66% FFP Rate): Lirative Costs Using Incentive Paytive Costs Using Incentive From fees, interest, etc. (elopmental Costs with an Approviational Costs with a Costs with an Approviational Costs with an Approviational Costs with an Approviational Costs with a Costs w	numbers from Part 1): syments (66% FFP Rate: FY 20	009-2010, Otherwise 0% FFP l FFP Rate): Line 1d. I 2b ocument (APD) (66% FFP Rate ment (APD) (66% FFP Rate):	Rate): Line 1a. e): Line 4 Line 5								