

Arkansas Division of Workforce Services

TANF Contracts

Quarterly and Closeout Report Form

ORGANIZATION

Organization/Agency: _____

Program Initiative: _____

Contract Number: _____ Amendment Number: _____

Funding Period: _____ FAIN: _____ CFDA:93.558

Check the reporting period Quarter 1 Quarter 2 Quarter 3 Closeout

Certification: I certify to best of my knowledge and belief that this report is correct and complete. The performance activities for the purpose of this award have been carried out and set forth in this signed quarterly/annual/closeout report

Contact _____ Position _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Signature of Authorized Certifying Official _____

BUDGET

Total Grant Budget: _____

Total Expenditures: _____

Remaining Balance: _____

Percent (%) of Funds Expended: _____

Financial Expenditure Narrative: If your expenditures were more or less than expected, please explain.

PROGRAM SERVICE PURPOSE(S)

- Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- Prevent & reduce the incidence of out-of-wedlock pregnancies & establish annual numerical goals for preventing pregnancies; and
- Encourage the formation & maintenance of two-parent families.

COUNTIES SERVED

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Organization:

PROGRAM OVERVIEW

Provide a progress report of your TANF funded program and how it ties to the appropriate TANF Purpose(s). Please share with us what you've done so far and how your program is coming along. Include any barriers the program or participants have experienced.

PROGRAM OUTCOMES and DATA COLLECTION

Provide a description of your program outcome measures including all measurement tools used and methods for collecting the outcome data. Include performance/outcomes measures identified in approved proposal and contract.

OUTCOMES: DATA AND RESULTS

Provide a breakdown for data collected including numbers served and all other indicators as described in your original proposal and/or scope of work. Include data from the approved contract Performance/Outcomes Plan.

COMMUNITY COLLABORATION

Describe partnerships or collaborations with other community partners or agencies that have resulted from this contract including your collaboration with ADWS.

REFLECTION:

Tell us about what you've learned, and if there are things you anticipate changing to improve your program.

SUCCESS STORIES

We hope you are finding success! Please share a few of your success stories.