

# Division of Social Services

## Social Services Block Grant

### *Intended Use Plan*

The Paperwork Reduction Act of 1995 (Pub. L. 104-13). STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is identifying plans for State use of Social Services Block Grant (SSBG) Funding. The purpose of this information is to identify estimated SSBG expenditures and recipients, as well as the intended geographic location and eligibility considerations for planned services. Information will be used to gain insight on the administration of the SSBG program and to provide support to grantees related to the administration of their SSBG program. Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information and is required to retain a benefit [45 C.F.R. §96.74.]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0234 and the expiration date is \_\_\_\_\_. If you have any comments on this collection of information, please contact the Office of Community Services, Social Services Block Grant Program via email: [SSBG@acf.hhs.gov](mailto:SSBG@acf.hhs.gov).

## I. General Information

1. State \_\_\_\_\_ 2. Fiscal Year \_\_\_\_\_
3. State Official Contact Information \_\_\_\_\_

- #### 4. SSBG Contact Information

5. SSBG Award from Previous Year \_\_\_\_\_

- 6. SSBG Expenditures Planned for Current Year** \_\_\_\_\_

- ## 7. TANF Funds Transferred into SSBG

- 8. Consolidate Block Grant Funds Included in SSBG Budget: YES NO**

*Provide the amount of funding for each applicable funding source for the consolidated block grant.*

[illegible]

**9. SSBG Carryover Funding from the Previous Year: YES NO**

[illegible]

## **II. Administrative Operations**

- 1. Administering Agency** \_\_\_\_\_
- 2. Location** \_\_\_\_\_
- 3. Mission/Goals of Agency**

### **4. Description of Financial Operations Systems**

### **III. Program Planning**

#### **1. Planning for Distribution and Use of Funds**

*Describe the planning process for determining the State's use and distribution of SSBG funds.*

#### **2. Describe the Characteristics of Individuals to be Served**

*Include definitions for child, adult, and family; eligibility criteria; and income guidelines.*

#### **3. Public Inspection of Pre-Expenditure Report**

*Describe how the State made available for public inspection and comment the current Pre-Expenditure Report or revision to the report. Supporting documentation for public inspection is also required. (See V. Appendices, Appendix A: Documentation of public Hearing).*

#### IV. Program Operations

*Complete one table for each service category provided by the state during the reporting period.*

##### 1. Program Operations – Adoption Services

<b>a. Service Category (use uniform definition) – Adoption Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

## 2. Program Operations – Case Management Services

<b>a. Service Category (use uniform definition) – Case Management Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

### 3. Program Operations – Congregate Meals

<b>a. Service Category (use uniform definition) – Congregate Meals</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>



**4. Program Operations – Counseling Services**

<b>a. Service Category (use uniform definition) – Counseling Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**5. Program Operations – Day Care Services – Adults**

<b>a. Service Category (use uniform definition) – Day Care Services – Adults</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**6. Program Operations – Day Care Services – Children**

<b>a. Service Category (use uniform definition) – Day Care Services – Children</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**7. Program Operations – Education and Training Services**

<b>a. Service Category (use uniform definition) – Education and Training Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**8. Program Operations – Employment Services**

<b>a. Service Category (use uniform definition) – Employment Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**9. Program Operations – Family Planning Services**

<b>a. Service Category (use uniform definition) – Family Planning Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**10. Program Operations – Foster Care Services for Adults**

<b>a. Service Category (use uniform definition) – Foster Care Services for Adults</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**11. Program Operations – Foster Care Services for Children**

<b>a. Service Category (use uniform definition) – Prevention and Intervention Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>



**12. Program Operations – Health Related and Home Health Services**

<b>a. Service Category (use uniform definition) – Health Related and Home Health Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

### 13. Program Operations – Home Based Services

<b>a. Service Category (use uniform definition) – Home Based Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**14. Program Operations – Home Delivered Meals**

<b>a. Service Category (use uniform definition) – Home Delivered Meals</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**15. Program Operations – Housing Services**

<b>a. Service Category (use uniform definition) – Housing Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**16. Program Operations – Independent and Transitional Living Services**

<b>a. Service Category (use uniform definition) – Independent and Transitional Living Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**17. Program Operations – Information and Referral**

<b>a. Service Category (use uniform definition) – Information and Referral</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**18. Program Operations – Legal Services**

<b>a. Service Category (use uniform definition) – Legal Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**19. Program Operations – Pregnancy and Parenting Services for Young Parents**

<b>a. Service Category (use uniform definition) –</b> Pregnancy and Parenting Services for Young Parents
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>



**20. Program Operations – Prevention and Intervention Services**

<b>a. Service Category (use uniform definition) – Prevention and Intervention Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**21. Program Operations – Protective Services for Adults**

<b>a. Service Category (use uniform definition) – Protective Services for Adults</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

## 22. Program Operations – Protective Services for Children

<b>a. Service Category (use uniform definition) – Protective Services for Children</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

### 23. Program Operations – Recreational Services

<b>a. Service Category (use uniform definition) – Recreational Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**24. Program Operations – Residential Treatment Services**

<b>a. Service Category (use uniform definition) – Residential Treatment Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**25. Program Operations – Special Services for Persons with Developmental or Physical**

<b>a. Service Category (use uniform definition) –</b> Special Services for Persons with Developmental or Physical
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**26. Program Operations – Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity**

<b>a. Service Category (use uniform definition) –</b> Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**27. Program Operations – Substance Abuse Services**

<b>a. Service Category (use uniform definition) – Substance Abuse Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>



**28. Program Operations – Transportation Services**

<b>a. Service Category (use uniform definition) – Transportation Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

**29. Program Operations – Other Services**

<b>a. Service Category (use uniform definition) – Other Services</b>
<b>b. SSBG Goal</b>
<b>c. Description of Services</b>
<b>d. Description of Recipients (eligibility considerations)</b>
<b>e. Method of Delivery and Geographic Area</b>
<b>f. Partnering State Agency</b>
<b>g. Subgrantee / Service Providers</b>

## **V. Appendices**

### **Appendix A: Documentation of Public Hearing**

*Attach documentation of public hearing, such as public hearing notices, websites, electronic correspondence, letters, newspaper articles, etc.*

### **Appendix B: Certifications**

*Attach signed copies of the following certifications*

1. Drug-Free Workplace Requirements
2. Environmental Tobacco Smoke
3. Lobbying
4. Debarment, Suspension and Other Responsibility Matters

### **Appendix C: Proof of Audit**

Federal regulations state that: "Each State shall, not less often than every two years, audit its expenditures from amounts received (or transferred for use) under this title...Within 30 days following the completion of each audit, the State shall submit a copy of that audit to the legislature of the State and to the Secretary." (Sec. 2006 [42 U.S.C. 1397a, Sec. 2006]).

*Provide a copy or link to the most recent audit, or a description of the audit that specifies when the audit occurred and summarizes the results of the audit.*

### **Appendix D: SF 424M**

*Scanned copy must be uploaded with application*

### **Appendix E: Federal Financial Report (FFR) For SF-425 Federal Financial Reporting (FFR) Form SF-425**

*Scanned copy must be uploaded with the Intended Use Plan*

### **Appendix F: TANF ACF-196R form**

*Scanned copy must be uploaded with the Intended Use Plan*

## **PUBLIC NOTICE**

### **Notice Of Intended Use of Federal Social Service Block Grant Funds**

(Issued June 20, 2025)

As required by federal regulation, the North Dakota Department of Health and Human Services will submit a plan for the intended use of Social Service Block Grant funds to the Department of Health and Human Services.

The funding allotted to North Dakota through the Social Service Block Grant is estimated to be \$3,731,364 for the period beginning October 1, 2025, and ending September 30, 2026.

It is the intent of the North Dakota Department of Health and Human Services to allocate money to the eight regional state-operated behavioral health clinics to provide counseling services. For details about the intended use of funds, see the [SSBG Intended Use Plan Federal Fiscal Year 2026.pdf](#)

Any individual or agency wishing to comment on the intended use of these funds or to receive additional information is urged to contact Linda Mertz, Department of Health and Human Services, 600 East Boulevard Avenue, Bismarck, ND 58505-0250, via mail or e-mail at <mailto:lmertz@nd.gov>.

Comments will be accepted through August 20, 2025. Copies of the plan can be obtained in mid-September upon request to the above address.

## **CERTIFICATION REGARDING DEPARTMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

Certification Regarding Debarment, Suspension, and Other  
Responsibility Matters--Primary Covered Transactions

Instructions for Certification:

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

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5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

##### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for



debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.



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J. Patrick Traynor

Interim Commissioner

North Dakota Department of Health and Human Services

## **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

### **Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)**

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information

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available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include

workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements  
Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about –
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in

the workplace no later than five calendar days after such conviction;

- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted –
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code.

All SSBG funds are expected to be spent at the Eight State-operated Behavioral Health Clinics located throughout the state. Their addresses are as follows:

1. Badlands Behavioral Health Clinic  
300 13<sup>th</sup> Avenue West, Ste #1  
Dickinson, ND 58601
2. Northwest Behavioral Health Clinic  
316 2<sup>nd</sup> Avenue West  
PO Box 1266  
Williston, ND 58801
3. North Central Behavioral Health Clinic  
1015 South Broadway, Ste #18  
Minot, ND 58701
4. Lake Region Behavioral Health Clinic  
200 Hwy 2 SW  
PO Box 650  
Devils Lake, ND 58301
5. Northeast Behavioral Health Clinic  
151 South 4<sup>th</sup> Street, Ste #401  
Grand Forks, ND 58201
6. Southeast Behavioral Health Clinic  
2624 9<sup>th</sup> Avenue SW  
Fargo, ND 58103
7. South Central Behavioral Health Clinic  
520 3<sup>rd</sup> Street NW  
PO Box 2055  
Jamestown, ND 58401
8. West Central Behavioral Health Clinic  
1237 West Divide Avenue, Ste #5  
Bismarck, ND 58501

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Check if there are workplaces on file that are not identified here.  
Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.  
[55 FR 21690, 21702, May 25, 1990]



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J. Patrick Traynor

Interim Commissioner

North Dakota Department of Health and Human Services



## **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.



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J. Patrick Traynor  
Interim Commissioner  
North Dakota Department of Health and Human Services

### **OFFICE OF THE COMMISSIONER**

GOVERNOR  
Kelly Armstrong

INTERIM COMMISSIONER  
Pat Traynor

## **CERTIFICATION REGARDING LOBBYING**

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making

#### **OFFICE OF THE COMMISSIONER**

GOVERNOR  
Kelly Armstrong

INTERIM COMMISSIONER  
Pat Traynor

or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



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J. Patrick Traynor

Interim Commissioner

North Dakota Department of Health and Human Services

## PROOF OF AUDIT

The State's most recent Statewide Audit can be found at the following link:

<https://www.nd.gov/auditor/2024-single-audit>

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>HHS-ADMINISTRATION FOR CHILDREN &amp; FAMILIES</b>					2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>2401NDSOSR</b>		
3. Recipient Organization (Name and complete address including Zip code)  <b>North Dakota Department Of Human Services</b> <b>600 E. Boulevard Avenue, BISMARCK, ND 58505 USA</b>							
4a. UEI  <b>GSKXYGKGX6A4</b>		4b. EIN  <b>1450309764B4</b>		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  <b>A710B</b>		6. Report Type  <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	
7. Basis of Accounting  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual							
8. Project/Grant Period (Month, Day, Year) From: <b>October 1, 2023</b> To: <b>September 30, 2025</b>					9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2024</b>		
<b>10. Transactions</b>						Cumulative	
(Use lines a-c for single or combined multiple grant reporting)							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts						\$3,731,364.00	
b. Cash Disbursements						\$3,731,364.00	
c. Cash on Hand (line a minus b)						\$0.00	
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized						\$3,731,364.00	
e. Federal share of expenditures						\$3,731,364.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$3,731,364.00	
h. Unobligated balance of Federal funds (line d minus g)						\$0.00	
<b>Recipient Share:</b>							
i. Total recipient share required						\$0.00	
j. Recipient share of expenditures						\$0.00	
k. Remaining recipient share to be provided (line i minus j)						\$0.00	
<b>Program Income:</b>							
l. Total Federal share of program income earned						\$0.00	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$0.00	
o. Unexpended program income (line l minus line m and line n)						\$0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official  <b>Ehnert, Alisha</b> <b>Accounting Budget Specialist III</b>					c. Telephone (Area code, number, and extension)  		
b. Signature of Authorized Certifying Official  <b>Ehnert, Alisha</b>					d. Email Address  <b>allehnert@nd.gov</b>		
					e. Date Report Submitted (Month, Day, Year)  <b>December 27, 2024</b>		

Standard Form 425  
OMB Approval Number: 4040-0014  
Expiration Date: 02/28/2025

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

**FEDERAL FINANCIAL REPORT**

(Additional Page)

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Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant ID : 2401NDSOSR

Recipient Organization : North Dakota Department Of Human Services  
600 E. Boulevard Avenue, BISMARCK, ND 58505 USA

UEI : GSKXYGKGX6A4

UEI Status when Certified : ACTIVE (as of 12/27/2024)

EIN : 1450309764B4

Reporting Period End Date : September 30, 2024

Status : Awarding Agency Approval

Remarks :

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**Federal Agency Review**

Reviewer Name : Chen, Angel

Phone # : +1 (646) 905-8120

Email : angel.chen@acf.hhs.gov

Review Date : December 27, 2024

Review Comments :

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Administration for Children and Families****Form Approved**  
**Control No: 4040-0020**  
**Expires:02/08/2026**  
**Version 01.2****APPLICATION FOR FEDERAL ASSISTANCE**  
**SF - 424 - MANDATORY**

* 1.a. Type of Submission: <input type="radio"/> Plan <input checked="" type="radio"/> Funding Request	* 1.b. Frequency: <input checked="" type="radio"/> Annual <input type="radio"/> Other  * Other (Specify)	* 1.c. Consolidated Application/Plan/Funding Request?  Explanation:  2. Date Received:  3. Applicant Identifier:  4a. Federal Entity Identifier:  4b. Federal Award Identifier:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update  State Use Only:  5. Date Received By State:  6. State Application Identifier:
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**7. APPLICANT INFORMATION**

* a. Legal Name: NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES			
* b. Employer/Taxpayer Identification Number (EIN/TIN):	1450309764B4	* c. Organizational UE I:	GSKXYGKGX6A4
* d. Address:			
* Street 1:	600 E. Boulevard Avenue	Street 2:	
* City:	BISMARCK	County:	
* State:	ND	Province:	
* Country:	United States	* Zip / Postal Code:	58505 -
e. Organizational Unit:			
Department Name: Health and Human Services		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name: Linda	Middle Name:	* Last Name: Mertz
Suffix:	Title:	Organizational Affiliation:	
* Telephone Number: (701) 328-4016	Fax Number:	* Email: lmmertz@nd.gov	

* 8a. TYPE OF APPLICANT: A: State Government
b. Additional Description:
* 9. Name of Federal Agency:  Administration for Children and Families, Office of Community Services

	Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles 1		

11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:


13. CONGRESSIONAL DISTRICTS OF:

* a. Applicant ND	b. Program/Project:
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Attach an additional list of Program/Project Congressional Districts if needed.

14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2025	b. End Date: 09/30/2026	* a. Federal (\$): \$0	b. Match (\$): \$0

\* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

a. This submission was made available to the State under the Executive Order 12372	
Process for Review on :	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
* 17. Is The Applicant Delinquent On Any Federal Debt? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Explanation:	
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
**I Agree <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
18a. Typed or Printed Name and Title of Authorized Certifying Official Linda Mertz	18c. Telephone (area code, number and extension) 18d. Email Address Lmmertz@Nd.Gov
18b. Signature of Authorized Certifying Official 	18e. Date Report Submitted (Month, Day, Year) 06/17/2025
<b>Attach supporting documents as specified in agency instructions.</b>	



**Department of Health and Human Services**  
**Administration for Children and Families**  
**Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report**  
**Part 1: Expenditure Data**

State NORTH DAKOTA	Grant Year 2024	Fiscal Year 2024	Report Quarter Ending 09/30/2024	Next Quarter E nding 03/31/2025	Report is Submi tted as: <input checked="" type="radio"/> New <input type="radio"/> Revised <input type="radio"/> Final
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	( A ) Federal Funds  State Family Assistance Grant	( B ) State Funds	( C ) State Funds	( D ) Federal Funds  Contingency Funds Award Reconciliation FS at FMAP Rate of .5382
1. Awarded	\$26,312,690.00			\$0.00
2. Transferred to CCDF Discretionary	\$0.00			
3. Transferred to SSBG	\$0.00			
4. Adjusted Award	\$26,312,690.00			
5. Carryover	\$0.00			

Expenditure Categories	Federal TANF Expenditures	State MOE Expenditures in TANF	MOE Expenditures Separate State Programs	Expenditures with Contingency Funds
6. Basic Assistance	\$1,242,452.00	\$3,259,205.00	\$0.00	\$0.00
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$960,662.00	\$3,259,205.00	\$0.00	\$0.00
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$281,790.00	\$0.00	\$0.00	\$0.00
7. Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00
7.a. Foster Care Payments	\$0.00			\$0.00
7.b. Juvenile Justice Payments	\$0.00			\$0.00
7.c. Emergency Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00
8. Non-Assistance Authorized Solely Under Prior Law	\$628,531.00			\$0.00
8.a. Child Welfare or Foster Care Services	\$628,531.00			\$0.00
8.b. Juvenile Justice Services	\$0.00			\$0.00
8.c. Emergency Services Authorized Solely Under Prior Law	\$0.00			\$0.00
9. Work, Education, and Training Activities	\$964,146.00			\$0.00
9.a. Subsidized Employment	\$0.00	\$0.00	\$0.00	\$0.00
9.b. Education and Training	\$9,850.00	\$0.00	\$0.00	\$0.00
9.c. Additional Work Activities	\$954,296.00	\$3,269,786.00	\$0.00	\$0.00
10. Work Supports	\$479,784.00	\$0.00	\$0.00	\$0.00
11. Early Care and Education	\$139,015.00	\$1,017,926.00	\$0.00	\$0.00
11.a. Child Care (Assistance and Non-Assistance)	\$139,015.00	\$1,017,926.00	\$0.00	\$0.00
11.b. Pre-Kindergarten/Head Start	\$0.00	\$0.00	\$0.00	\$0.00
12. Financial Education and Asset Development	\$0.00	\$0.00	\$0.00	\$0.00
13. Refundable Earned Income Tax Credits	\$0.00	\$0.00	\$0.00	\$0.00
14. Non-EITC Refundable State Tax Credits	\$0.00	\$0.00	\$0.00	\$0.00
15. Non-Recurrent Short Term Benefits	\$0.00	\$0.00	\$0.00	\$0.00
16. Supportive Services	\$0.00	\$0.00	\$0.00	\$0.00
17. Services for Children and Youth	\$0.00	\$0.00	\$0.00	\$0.00
18. Prevention of Out-of-Wedlock Pregnancies	\$0.00	\$0.00	\$0.00	\$0.00
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$0.00	\$0.00	\$0.00	\$0.00
20. Child Welfare Services	\$656,354.00	\$1,522,369.00	\$0.00	\$0.00

20.a. Family Support/Family Preservation /Reunification Services	\$656,354.00	\$1,522,369.00	\$0.00	\$0.00
20.b. Adoption Services	\$0.00	\$0.00	\$0.00	\$0.00
20.c. Additional Child Welfare Services	\$0.00	\$0.00	\$0.00	\$0.00
21. Home Visiting Programs	\$0.00	\$0.00	\$0.00	\$0.00
22. Program Management	\$5,027,577.00	\$0.00	\$0.00	\$0.00
22.a. Administrative Costs	\$3,913,651.00	\$0.00	\$0.00	\$0.00
22.b. Assessment/Service Provision	\$79,347.00	\$0.00	\$0.00	\$0.00
22.c. Systems	\$1,034,579.00	\$0.00	\$0.00	\$0.00
23. Other	\$0.00	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$9,137,859.00	\$9,069,286.00	\$0.00	\$0.00
25. Transitional Services for Employed	\$0.00	\$0.00	\$0.00	\$0.00
26. Job Access	\$0.00	\$0.00	\$0.00	\$0.00
27. Federal Unliquidated Obligations	\$0.00			\$0.00
28. Unobligated Balance	\$17,174,831.00			\$0.00
29. State Replacement Funds		\$0.00		
Quarterly Estimate	Estimate of TANF Funds Requested			
30. Estimate of TANF Funds Requested for the Following Quarter	\$6,578,173.00			
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, Approving State Official <i>Rachel Iverson Schafer</i>	State Official Name Rachel Iverson Schafer	State Official Title Director of Program Administration	State Official Agency DHHS	
Signature Date: 12-04-2024		Date Submitted:		