


**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	Grant Year	Fiscal Year	Report Quarter Ending	Next Quarter Ending	Report is Submitted as:
CONNECTICUT	2025	2025	09/30/2025	03/31/2026	<input type="radio"/> New <input type="radio"/> Revised <input checked="" type="radio"/> Final
	(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 .5	
1. Awarded	\$265,907,706.00			\$0.00	
2. Transferred to CCDF Discretionary	\$26,678,810.00				
3. Transferred to SSBG	\$0.00				
4. Adjusted Award	\$239,228,896.00				
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	\$0.00	\$43,522,409.19	\$0.00	\$0.00	
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$0.00	\$43,522,409.19	\$0.00	\$0.00	
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$0.00	\$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	\$79,946,310.80			\$0.00	
8.a. Child Welfare or Foster Care Services	\$59,951,120.93			\$0.00	
8.b. Juvenile Justice Services	\$0.00			\$0.00	
8.c. Emergency Services Authorized Solely Under Prior Law	\$19,995,189.87			\$0.00	
9. Work, Education, and Training Activities	\$0.00			\$0.00	
9.a. Subsidized Employment	\$0.00	\$0.00	\$0.00	\$0.00	
9.b. Education and Training	\$0.00	\$10,662,170.68	\$404,304.63	\$0.00	
9.c. Additional Work Activities	\$0.00	\$0.00	\$0.00	\$0.00	
10. Work Supports	\$0.00	\$0.00	\$0.00	\$0.00	
11. Early Care and Education	\$0.00	\$0.00	\$192,184,190.45	\$0.00	
11.a. Child Care (Assistance and Non-Assistance)	\$0.00	\$0.00	\$100,329,535.09	\$0.00	
11.b. Pre-Kindergarten/Head Start	\$0.00	\$0.00	\$91,854,655.36	\$0.00	
12. Financial Education and Asset Development	\$0.00	\$0.00	\$0.00	\$0.00	
13. Refundable Earned Income Tax Credits	\$0.00	\$128,095,102.00	\$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	\$21,380,391.83	\$0.00	\$1,297,845.18	\$0.00	
17. Services for Children and Youth	\$27,868,913.26	\$0.00	\$0.00	\$0.00	
18. Prevention of Out-of-Wedlock Pregnancies	\$13,077,627.64	\$0.00	\$0.00	\$0.00	
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$14,597,183.63	\$380,002.00	\$0.00	\$0.00	

20. Child Welfare Services	\$12,491,896.43	\$0.00	\$0.00	\$0.00
20.a. Family Support/Family Preservation /Reunification Services	\$12,491,896.43	\$0.00	\$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	\$69,866,572.41	\$22,708,927.89	\$12,633.70	\$0.00
22.a. Administrative Costs	\$17,380,473.71	\$22,307,043.89	\$12,633.70	\$0.00
22.b. Assessment/Service Provision	\$52,486,098.70	\$0.00	\$0.00	\$0.00
22.c. Systems	\$0.00	\$401,884.00	\$0.00	\$0.00
23. Other	\$0.00	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$239,228,896.00	\$205,368,611.76	\$193,898,973.96	\$0.00
25. Transitional Services for Employed	\$0.00	\$0.00	\$6,970,298.34	\$0.00
26. Job Access	\$0.00	\$0.00	\$0.00	\$0.00
27. Federal Unliquidated Obligations	\$0.00			\$0.00
28. Unobligated Balance	\$0.00			\$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		\$66,476,926.50		
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 	State Official Name Nelida Maldonado	State Official Title Supervising Accountant	State Official Agency CONNECTICUT	
Signature Date: 11/25/2025		Date Submitted: 11/25/2025		