

MOU#  
CDSS/xxxx

### Schedule of Functional Expenses

**Exhibit B**  
Revised 2/4/15

To: California Department of Social Services  
CalWORKs Eligibility Bureau  
744 P Street, M.S. 16-31  
ATTN: Tribal TANF Coordinator

As of Date:  
  
Invoice #:  
Index Code:

TANF Services Data	Applications			Cases Transferred from County	Total # of Families Cash Aid	Cases			Total Recipients	Adults	Children	Closed Cases	Total Families Served
	Applied	Approved	Denied			#2P	#1P	#CO					

Report data monthly for the period being claimed.  
The total number of families served should include all assistance and non-assistance (services only) families.

Expenditure Categories	Total State General Fund Expenditures	
	For the Quarter Ending _____, 20xx	
6. Basic Assistance		
a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)		
b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies		
9. Work, Education, and Training Activities		
a. Subsidized Employment		
b. Education and Training		
c. Additional Work Activities		
10. Work Supports		
11. Early Care and Education		
a. Child Care (Assistance and Non-Assistance)		
b. Pre-Kindergarten/Head Start		
12. Financial Education and Asset Development		
13. Refundable Earned Income Tax Credits		
14. Non-EITC Refundable State Tax Credits		
15. Non-Recurrent Short Term Benefits		
16. Supportive Services		
17. Services for Children and Youth		
18. Prevention of Out-of-Wedlock Pregnancies		
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs		
20. Child Welfare Services		
a. Family Support/ Family Preservation /Reunification Services		
b. Adoption Services		
c. Additional Child Welfare Services		
21. Home Visiting Programs		
22. Program Management		
a. Administrative Costs		
b. Assessment/Service Provision		
c. Systems		
23. Other (Must provide the descriptions of specific benefits provided and the target population)		
<b>24. Total Expenditures Reported For This Quarter</b>		
25. Transitional Services for Employed		
26. Job Access		

I, the undersigned, do hereby certify that the expenditures incurred during the quarter ending \_\_\_\_\_, met the income and resource requirements for the same period. I further certify that these expenditures have not been reimbursed through any other funding source.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_