[**Instructions for the completion of the ACF-196R Form**](https://acf.gov/sites/default/files/documents/ofa/acf_196r_instructions_tanf_final_jan_2024.pdf)(p. 14)**:**

*Narratives are required for expenditures for categories of Assistance Authorized Solely Under Prior Law, Non-Assistance Authorized Solely Under Prior Law, and Other. Descriptions for these expenditure categories should include information regarding the target population (including estimated size, if available), and the types and amounts of benefits provided. Attachments can be added to the report, as needed.*

**Template 1: Assistance Authorized Solely Under Prior Law**

USE FOR EXPENDITURES REPORTED ON LINES 7a-7c

| **Narrative Guidance** | **Template** |
| --- | --- |
| **KEY COMPONENTS**✓ Reference to specific section of former state plan✓ Description of services/benefits provided✓ Target population and number served✓ Expenditure amounts✓ Connection to current program operations**GUIDING QUESTIONS*** What specific section of your former state plan authorizes this activity?
* What specific benefits or services were provided?
* Who received these benefits? (describe demographics, income levels, and eligibility criteria)
* What was the total expenditure and average benefit amount?
* How do current activities align with prior authorization?

**WORD COUNT GUIDANCE**While there are no word count requirements, narratives should provide adequate detail while remaining clear and concise. For reference, a complete narrative using this template is typically 150-250 words. | *[NAME OF PROGRAM/SERVICE] ($[AMOUNT] expended) provided [TYPE OF ASSISTANCE] to approximately [NUMBER] [RECIPIENTS (children, families, individuals)] during FY [YEAR].**This assistance is authorized under our state's former [AFDC/EMERGENCY ASSISTANCE] plan, Section [NUMBER], which authorized [DESCRIPTION OF AUTHORIZED ACTIVITY FROM FORMER PLAN]. The current expenditures align with this prior authorization because [EXPLANATION OF HOW CURRENT ACTIVITIES RELATE TO PRIOR AUTHORIZATION].**Specific assistance provided includes:** [SPECIFIC BENEFIT #1] (Average monthly amount: $[AMOUNT] per [recipient/family])
* [SPECIFIC BENEFIT #2] (Average amount: $[AMOUNT] per [recipient/family])
* [SPECIFIC BENEFIT #3] (Average amount: $[AMOUNT] per [recipient/family])

*Eligibility for this assistance is limited to [ELIGIBILITY CRITERIA], consistent with our former state plan requirements.* |