Family Home Visiting (TANF) Grant for CHBsReimbursement Report

As stated in your grant agreement, TANF grantees are required to report third party reimbursement information on a semi-annual basis. Please fill in your reported third party reimbursement for TANF clients for the reporting period in the space given, to the best of your ability. If you have questions about how to complete this form, please contact [health.fhvgrants@state.mn.us](mailto:health.fhvgrants@state.mn.us).

## Grantee Information

**Grantee Name:**

**Contact Name:**

**Contact Email:**

| Reporting period | Due date | Reported third party reimbursement for TANF clients |
| --- | --- | --- |
| July 1, 2019-Dec 31, 2019 | Jan 20, 2020 | $ |
| Jan 1, 2020-June 30, 2020 | July 20, 2020 | $ |
| July 1, 2020-Dec 31, 2020 | Jan 20, 2021 | $ |
| Jan 1, 2021-June 30, 2021 | July 20, 2021 | $ |
| July 1, 2021-Dec 31-2021 | Jan 20, 2022 | $ |
| Jan 1, 2022-June 30, 2022 | July 20, 2022 | $ |
| July 1, 2022-Dec 31, 2022 | Jan 20, 2023 | $ |
| Jan 1, 2023-June 30, 3023 | July 20, 2023 | $ |

Please submit completed form or any questions to [health.fhvgrants@state.mn.us](mailto:health.fhvgrants@state.mn.us).