

SAMPLE County

Annual Report of Expenditures SFY2026 & Annual Incentive Plan SFY2027

PART 1 – ANNUAL REPORT OF EXPENDITURES SFY2026

TOTAL INCENTIVE FUNDS DISBURSED

Incentive Funds Advanced for SFY2026 (<i>October 2025 – June 2026</i>):	\$114,687.00
<i>Total Incentive Settlement Funds Disbursed during SFY2026:</i>	<i>\$118,256.00</i>
Total Amount of Incentives Disbursed:	\$232,943.00

INFORMATION FROM ALAMANCE COUNTY INCENTIVE PLAN ESTIMATE FOR SFY2026

Total Incentive Funds Estimate from SFY2026 Annual Incentive Plan:	\$225,101.00
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PERFORMANCE MEASURE COMPARISON SFY2025 vs SFY2026

SFY 2026 Paternity Establishment: 93.67%	SFY 2026 Cases Under Order: 87.33%
SFY 2025 Paternity Establishment: 91.06%	SFY 2025 Cases Under Order: 88.84%
Difference: 2.61%	Difference: -1.50%
SFY 2026 Current Support Collected: 65.10%	SFY 2026 Cases with Arrears Payment: 66.26%
SFY 2025 Current Support Collected: 64.87%	SFY 2025 Cases with Arrears Payment: 63.97%
Difference: 0.23%	Difference: 2.28%
SFY 2026 Total Collections: \$10,780,441.51	
SFY 2025 Total Collections: \$10,581,480.49	
Difference: \$198,961.02	

EXPENDITURES & SAVINGS – PLEASE COMPLETE THIS SECTION

1. **(Required)** Of the Total Amount of Incentives Disbursed in SFY2026 how much did the County:

SPENT:	\$0.00
SAVED:	\$0.00
<i>This amount MUST total:</i>	<i>\$232,943.00</i>

Do not include any incentive expenditures that were paid from prior year incentive funds. Only indicate how much of the SFY2026 Funds were Spent/Saved.

2. **(Optional)** If there are any changes to your SFY2026 Annual Incentive Plan, please indicate below: (1) the changes made; and (2) the impact on performance measures.

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PART 2 – ANNUAL INCENTIVE PLAN SFY2027

PLEASE COMPLETE THE FOLLOWING SECTION

1. **(Required)** Of the **Total Amount of Incentives Disbursed** how much did the County:

IV-D Service Area <i>Check All that Apply</i>	☐ Budgeted IV-D Expenses ☐ Contract (Legal, Sheriff, etc.) ☐ Other – if this option is checked a description must be included in number 2 below.
ESTIMATED INCENTIVES EXPENDITURES SFY2027	\$0.00
EXPECTED PERFORMANCE AREA(S) IMPACT <i>Check All that Apply</i>	☐ Increase All Performance Measures ☐ Increase Total Collections ☐ Increase Paternity Establishment % ☐ Increase Cases Under Order % ☐ Increase Current Support Paid % ☐ Increase Payment to Arrears %

2. **(Optional)** Use this space to provide additional information regarding the SFY2027 Incentive Plan.

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3. **(Required)** Please have your authorized county representative (as determined by the County) complete the information below. Typed/Digital signatures are accepted.

Date: Email: Authorized County Representative Signature: IV-D Structure: ☐ County Manager ☐ DSS ☐ Private
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