



U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

CHILD CARE AND DEVELOPMENT FUND ACF-696T FINANCIAL REPORT

TRIBE:	FISCAL YEAR GRANT WAS AWARDED: _____	GRANT DOC. #(S): _____	SUBMISSION (MARK ONE BOX)
	EXPENDITURE PERIOD: 10/1/_____ TO 9/30/_____	FINAL REPORT: YES [] NO []	ORIGINAL [] REVISED []

CUMULATIVE FISCAL YEAR TOTALS

	COLUMN (A) TRIBAL MANDATORY FUNDS	COLUMN (B) DISCRETIONARY FUNDS (w/o Base) (excluding ARRA funds)	COLUMN (C) DISCRETIONARY FUNDS (Base Amount) (excluding ARRA funds)	COLUMN (D) CONST. & RENOVATION (TRIBAL MANDATORY FUNDS)	COLUMN (E) CONST. & RENOVATION (TRIBAL DISCRETIONARY FUNDS)	COLUMN (F)* ARRA (AMERICAN RECOVERY AND REINVESTMENT ACT) DISCRETIONARY FUNDS	COLUMN (G) CONST. & RENOVATION (ARRA DISCRETIONARY FUNDS)
1. FEDERAL FUNDS AWARDED	\$	\$	\$			\$	
2. TRANSFER TO CONSTRUCTION / RENOVATION	\$	\$	\$			\$	
3. TOTAL FUNDS AVAILABLE	\$	\$	\$	\$	\$	\$	\$
4. EXPENDITURES FOR CHILD CARE SERVICES	\$	\$	\$	\$	\$	\$	\$
5. EXPENDITURES FOR CHILD CARE ADMINISTRATION	\$	\$	\$	\$	\$	\$	\$
6. EXPENDITURES FOR NON-DIRECT SERVICES (INCLUDING SYSTEMS, CERTIFICATE PROGRAM, AND ELIGIBILITY DETERMINATION COSTS)	\$	\$	\$	\$	\$	\$	\$
7. EXPENDITURES FOR QUALITY ACTIVITIES	\$	\$	\$	\$	\$	\$	\$
8. EXPENDITURES FOR CONSTRUCTION / RENOVATION				\$	\$		\$
9. TOTAL FEDERAL EXPENDITURES	\$	\$	\$	\$	\$	\$	\$
10. TOTAL FEDERAL UNLIQUIDATED OBLIGATIONS	\$	\$	\$	\$	\$	\$	\$
11. TOTAL FEDERAL UNOBLIGATED BALANCE	\$	\$	\$	\$	\$	\$	\$
12. ESTIMATED CHILD SERVICE MONTHS FUNDED BY ARRA (See page 14 of instructions)						#	

PLEASE REFER TO REALLOTTED FUNDS INFORMATION ON PAGE FIVE (5) OF THE INSTRUCTIONS.

IF AVAILABLE, DOES THE TRIBE REQUEST REALLOTTED DISCRETIONARY FUNDS ? YES [] NO [] .

IF THIS REPORT IS NOT RECEIVED WITHIN 90 DAYS AFTER THE END OF THE FISCAL YEAR (12/29), THE TRIBE WILL NOT BE ELIGIBLE FOR REALLOTMENT.

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.

THIS ALSO CERTIFIES THAT THE TRIBAL LEAD AGENCY HAS EXPENDED REQUIRED FUNDS THAT ARE TARGETED FOR CHILD CARE RESOURCE AND REFERRAL AND SCHOOL-AGE CARE ACTIVITIES.

SIGNATURE: TRIBAL OFFICIAL	TYPED NAME, TITLE, LEAD AGENCY NAME, PHONE #, FAX #		
DATE SUBMITTED:	OMB CONTROL NO. 0970-0195		
FORM ACF-696T PAGE 1 OF 1	EXPIRATION DATE: 02/28/2013	HAS ANY CONTACT INFORMATION CHANGED SINCE LAST YEAR? [] YES [] NO	