CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT

State or Territory: [ ] Yes [ ] No
Grant Number: [ ] Yes [ ] No
Next Quarter Beginning:

Cumulative Fiscal Year Totals

- Column A: Mandatory Funds
  - Grant Document # CCDF (states) CCIDT (territories)
- Column B: Matching Funds
  - Matching Funds at FMAP Rate of _____% (Federal and State Shares)
- Column C: Discretionary Funds
  - Grant Document # CCDD
- Column D: MOE
  - Grant Document # CCIX
- Column E: Disaster Relief Funds
  - Grant Document # CDDY
- Column F: CARES ACT Funds
  - Grant Document # CDDD
- Column G: Discretionary Funds
  - Grant Document # CDDX
- Column H: Constant & Major Renovation
  - Grant Document # CDDD
- Column I: ARP Act Funds
  - Grant Document # CDDD
- Column J: Stabilization Funds
  - Grant Document # CDDD

1. Total Expenditures
   - (1a) Child Care Administration
   - (1b) Quality Activities Excluding Infant/Toddler Quality Activities
   - (1c) Infant/Toddler Quality Activities
   - (1d) Non-Direct Services
   - (1e) Systems
   - (1f) All Other Non-Direct Services

2. State Share of Expenditures
   - (2a) Private Donated Funds
   - (2b) Pre-K

3. ARP Act Stabilization Subgrants to Providers
4. ARP Act Stabilization Set Aside (Admin & TA)
   - (4a) Subgrant administration
   - (4b) Systems
   - (4c) TA - application
   - (4d) TA - implementation
   - (4e) Publicity
   - (4f) Activities to build supply

5. Federal Share of Expenditures
6. Awarded
7. Transfer From TANF
8. Unobligated Balance
   - (9a) Was the State or Territory unable to obligate at least 50% of the CCDF stabilization grants by December 11, 2021?

8. Federal Funds Requested: Estimates for Next Quarter (Refer to Next Quarter Beginning Date Above.)

Please refer to redistribution and reallocation of funds information in the instructions.

11. Redistributed Funds: If available, does the State request redistributed discretionary or stabilization funds?
   - YES [ ] NO [ ]

12. Reallotted Funds: If available, does the State request reallotted discretionary or stabilization funds?
   - YES [ ] NO [ ]

Signature Information
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 States share of Estimates is or will be available to meet the NON-FEDERAL Share of Expenditures as Required by Law.

Signature: State Official
Typed Name, Title, Agency Name, Phone #:
Date Certified:
Submit Date:
FORM ACF-696
APPROVED OMB CONTROL NO. 0970-0510
EXPIRATION Date: 06/30/2024
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