

CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT

State	Grant Year:	Final Report:	Current Quarter Ended:
	Grant Number:	Yes [] No []	Next Quarter Beginning:

CUMULATIVE FISCAL YEAR TOTALS

	(COLUMN A) MANDATORY FUNDS (Federal Share Only) Grant Document # CCDF	(COLUMN B) MATCHING FUNDS AT FMAP RATE OF _% (Federal and State Share) Grant Document # CCDM	(COLUMN C) DISCRETIONARY FUNDS (Federal Share Only) Grant Document # CCDD	(COLUMN D) MOE (State Share Only)	(COLUMN E) DISCRETIONARY DISASTER RELIEF FUNDS (Federal Share Only) Grant Document # CCDX	(COLUMN F) DISCRETIONARY DISASTER RELIEF FUNDS- CONSTRUCTION AND MAJOR RENOVATION (Federal Share Only) Grant Document # CCDY	(COLUMN G) DISCRETIONARY CARES ACT FUNDS (Federal Share Only) Grant Document # CCC3
1. TOTAL EXPENDITURES	\$	\$	\$	\$	\$	\$	\$
1(a). CHILD CARE ADMINISTRATION	\$	\$	\$	\$	\$	\$	\$
1(b). QUALITY ACTIVITIES EXCLUDING INFANT/TODDLER QUALITY ACTIVITIES REPORTED ON LINE 1(c)	\$	\$	\$	\$	\$	\$	\$
1(c). INFANT/TODDLER QUALITY ACTIVITIES	\$	\$	\$	\$	\$	\$	\$
1(d). DIRECT SERVICES	\$	\$	\$	\$	\$	\$	\$
1(e). NONDIRECT SERVICES	\$	\$	\$	\$	\$	\$	\$
1(e)(1). SYSTEMS	\$	\$	\$	\$	\$	\$	\$
1(e)(2). CERTIFICATE PROGRAM COSTS/ELIG. DETERMINATION	\$	\$	\$	\$	\$	\$	\$
1(e)(3). ALL OTHER NONDIRECT SERVICES	\$	\$	\$	\$	\$	\$	\$
1(f) CONSTRUCTION AND MAJOR RENOVATION					\$	\$	
2. STATE SHARE OF EXPENDITURES	\$	\$	\$	\$			
2(a). REGULAR	\$	\$	\$	\$			
2(b). PRIVATE DONATED FUNDS	\$	\$	\$	\$			
2(c). PRE-K	\$	\$	\$	\$			
3. FEDERAL SHARE OF EXPENDITURES	\$	\$	\$	\$	\$	\$	\$
4. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS	\$	\$	\$	\$	\$	\$	\$
5. AWARDED	\$	\$	\$	\$	\$	\$	\$
6. TRANSFER FROM TANF	\$	\$	\$	\$			
7. UNOBLIGATED BALANCE	\$	\$	\$	\$	\$	\$	\$
8. FEDERAL FUNDS REQUESTED ESTIMATES FOR NEXT QTR. (Refer to Next Qtr. Beginning Date Above.)	\$	\$	\$	\$			

PLEASE REFER TO REDISTRIBUTION AND REALLOTMENT OF FUNDS INFORMATION IN THE INSTRUCTIONS.

September 30 SUBMITTAL -- IF AVAILABLE, DOES THE STATE REQUEST REDISTRIBUTED MATCHING FUNDS? YES [] NO [].

IF YES AND THE STATE REQUESTS A LIMIT TO THE MATCHING AMOUNT, PLEASE ENTER AMOUNT \$_____

March 31 SUBMITTAL -- IF AVAILABLE, DOES THE STATE REQUEST REALLOTTED DISCRETIONARY FUNDS? YES [] NO []

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 STATE'S SHARE OF ESTIMATES IS OR WILL BE AVAILABLE TO MEET THE NONFEDERAL SHARE OF EXPENDITURES AS REQUIRED BY LAW.		
SIGNATURE: STATE OFFICIAL:	TYPED NAME, TITLE, AGENCY NAME, PHONE#	DATE SUBMITTED:

APPROVED OMB CONTROL NO.
0970-0510
EXPIRATION DATE: XXXXX

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