

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES -- ADMINISTRATION FOR CHILDREN AND FAMILIES**

**CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT**

|       |                  |                                       |                      |
|-------|------------------|---------------------------------------|----------------------|
| STATE | FISCAL YEAR      | SUBMISSION (MARK ONE BOX)             | CURRENT QTR. ENDED:  |
|       | GRANT DOCUMENT # | ORIGINAL [ ] REVISED [ ]<br>FINAL [ ] | NEXT QTR. BEGINNING: |

**CUMULATIVE FISCAL YEAR TOTALS**

|                                                                                                  | (COLUMN A)<br>MANDATORY FUNDS<br>(Federal Share Only) | (COLUMN B)<br>MATCHING FUNDS<br>AT FMAP RATE OF _____%<br>(Federal and State Share) | (COLUMN C)<br>DISCRETIONARY FUNDS<br>(Federal Share Only) | (COLUMN D)<br>MOE<br>(State Share Only) |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|
| 1. TOTAL                                                                                         | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(a). CHILD CARE ADMINISTRATION                                                                  | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(b). QUALITY ACTIVITIES <b>EXCLUDING TARGETED FUNDS</b>                                         | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(c). INFANT AND TODDLER <b>TARGETED FUNDS</b>                                                   |                                                       |                                                                                     | \$                                                        |                                         |
| 1(d). QUALITY EXPANSION <b>TARGETED FUNDS</b>                                                    |                                                       |                                                                                     | \$                                                        |                                         |
| 1(e). SCHOOL-AGE/RESOURCE AND REFERRAL <b>TARGETED FUNDS</b>                                     |                                                       |                                                                                     | \$                                                        |                                         |
| 1(f). OTHER <b>TARGETED</b> FUNDS                                                                |                                                       |                                                                                     | \$                                                        |                                         |
| 1(g). DIRECT SERVICES                                                                            | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(h). NONDIRECT SERVICES                                                                         | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(h)(1). SYSTEMS                                                                                 | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(h)(2). CERTIFICATE PROGRAM COSTS/ELIG.<br>DETERMINATION                                        | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 1(h)(3). ALL OTHER NONDIRECT SERVICES                                                            | \$                                                    | \$                                                                                  | \$                                                        | \$                                      |
| 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<br>ESTIMATES FOR NEXT QTR. (Refer to Next Qtr. Beginning Date Above.) | \$                                                    | \$                                                                                  | \$                                                        |                                         |

PLEASE REFER TO REALLOTTED FUNDS INFORMATION ON PAGES 5 OF THE INSTRUCTIONS.

9/30 SUBMITTAL -- IF AVAILABLE, DOES THE STATE REQUEST REALLOTTED MATCHING FUNDS? YES [ ] NO [ ]. IF YES AND THE STATE REQUESTS A LIMIT TO THE MATCHING

AMOUNT, PLEASE ENTER AMOUNT \$

3/31 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 | APPROVED OMB CONTROL NO.<br>0970-0163 | TYPED NAME, TITLE, AGENCY NAME, PHONE # |
| DATE SUBMITTED:           | EXPIRATION DATE:<br><b>XXXXXXXX</b>   |                                         |
| FORM ACF-696 PAGE 1 OF 1  |                                       |                                         |

\* FOR LINES 1(c), 1(d), 1(e) AND 1(f), ATTACH A SEPARATE PAGE THAT INCLUDES A BRIEF DESCRIPTION OF THE ACTIVITIES ON WHICH **TARGETED** FUNDS, FROM THE FISCAL YEAR'S GRANT, WERE EXPENDED. THIS NEED ONLY BE COMPLETED WITH EACH 4TH QUARTER'S REPORT.