

**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) ORIGINAL [] REVISED [] |
| | EXPENDITURE PERIOD: 10/1/_____ TO 9/30/_____ FINAL REPORT: YES [] NO [] | |

CUMULATIVE FISCAL YEAR TOTALS

| | COLUMN (A) TRIBAL MANDATORY FUNDS | COLUMN (B) DISCRETIONARY FUNDS (NOT INCLUDING BASE) | COLUMN (C) DISCRETIONARY FUNDS BASE AMOUNT | COLUMN (D) CONST. & RENOVATION TRIBAL MANDATORY | COLUMN (E) CONST. & RENOVATION DISCRETIONARY |
|------------------------------------------|-----------------------------------------|-----------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| 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 | \$ | \$ | \$ | \$ | \$ |

REALLOTTED FUNDS

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.

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|---------------------------------------------------------------------|-----------------------------------------------------|
| 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: XX/XX/XXXX |
| HAS ANY CONTACT INFORMATION CHANGED SINCE LAST YEAR? [] YES [] NO | |