

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 2009	SUBMISSION (MARK ONE BOX) ORIGINAL [] REVISED [] FINAL []	CURRENT QTR. ENDED:	NEXT QTR. BEGINNING:
	GRANT DOCUMENT #			

CUMULATIVE FISCAL YEAR TOTALS

	(COLUMN A) MANDATORY FUNDS (Federal Share Only)	(COLUMN B) MATCHING FUNDS AT FMAP RATE OF ____% (Federal and State Share)	(COLUMN C) DISCRETIONARY FUNDS (excluding ARRA) (Federal Share Only)	(COLUMN D) MOE (State Share Only)	(COLUMN E) ARRA (American Recovery and Reinvestment Act Funds (Federal Share Only)
1. TOTAL	\$	\$	\$	\$	\$
1(a). CHILD CARE ADMINISTRATION	\$	\$	\$	\$	\$
1(b). QUALITY ACTIVITIES EXCLUDING TARGETED FUNDS	\$	\$	\$	\$	\$
1(c). INFANT AND TODDLER TARGETED FUNDS*			\$		\$
1(d). QUALITY EXPANSION TARGETED FUNDS*			\$		\$
1(e). SCHOOL-AGE/RESOURCE AND REFERRAL TARGETED FUNDS*			\$		
1(f). OTHER TARGETED FUNDS			\$		
1(g). DIRECT SERVICES	\$	\$	\$	\$	\$
1(h). NONDIRECT SERVICES	\$	\$	\$	\$	\$
1(h)(1). SYSTEMS	\$	\$	\$	\$	\$
1(h)(2). CERTIFICATE PROGRAM COSTS/ELIG. 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 ESTIMATES FOR NEXT QTR. (Refer to Next Qtr. Beginning Date Above.)	\$	\$	\$		\$
9. ESTIMATED CHILD SERVICE MONTHS FUNDED BY ARRA: (See page 8 of instructions)					#

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	DATE SUBMITTED:	TYPED NAME, TITLE, AGENCY NAME, PHONE #	APPROVED OMB CONTROL NO. 0970-0163 EXPIRATION DATE: 6/30/2010
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