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| **CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT** |
| STATE | FISCAL YEAR | SUBMISSION (MARK ONE BOX) | REPORT QTR. ENDED: |
|  | GRANT DOCUMENT # (s) | ORIGINAL [ ] REVISED [ ]FINAL [ ] | NEXT QTR. BEGINNING: |
|  | **CUMULATIVE FISCAL YEAR TOTALS** |
|  | (COLUMN A)MANDATORY FUNDS(Federal Share Only)Grant Document # CCDF | (COLUMN B)MATCHING FUNDSAT 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)DISCRETIONARYDISASTER RELIEF FUNDS(Federal Share Only) | (COLUMN F) DISCRETIONARY DISASTER RELIEF FUNDS- CONSTRUCTION AND MAJOR RENOVATION (Federal Share Only) |
| 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 REQUESTEDESTIMATES 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 | APPROVED OMB CONTROL NO. 0970-0510 | TYPED NAME, TITLE, AGENCY NAME, PHONE # |
| DATE SUBMITTED:  | EXPIRATION DATE:05/31/2021 |  |
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