

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

CUMULATIVE FISCAL YEAR TOTALS

	COLUMN (A) MANDATORY FUNDS GRANT DOC # CCDF	TRIBAL DISCRETIONARY FUNDS (NOT INCLUDING BASE) GRANT DOC # CCDD	COLUMN (C) DISCRETIONARY FUNDS BASE AMOUNT GRANT DOC # CCCD	COLUMN (D) CONSTRUCTION & MAJOR RENOVATION TRIBAL MANDATORY GRANT DOC # CONT	COLUMN (E) CONSTRUCTION & MAJOR RENOVATION DISCRETIONARY GRANT DOC # CONT	COLUMN (F) DISCRETIONARY DISASTER RELIEF FUNDS	COLUMN (G) DISCRETIONARY DISASTER RELIEF FUNDS--CONST. & MAJOR RENOVATION
#NAME?							
1. FEDERAL FUNDS AWARDED	\$	\$	\$			\$	
2. TRANSFER TO CONSTRUCTION / MAJOR 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 INFANT/TODDLER QUALITY ACTIVITIES	\$	\$	\$	\$	\$	\$	\$
9. EXPENDITURES FOR CONSTRUCTION / MAJOR RENOVATION				\$	\$	\$	\$
10. TOTAL FEDERAL EXPENDITURES	\$	\$	\$	\$	\$	\$	\$
11. TOTAL FEDERAL UNLIQUIDATED OBLIGATIONS	\$	\$	\$	\$	\$	\$	\$
12. TOTAL FEDERAL UNOBLIGATED BALANCE	\$	\$	\$	\$	\$	\$	\$

REALLOTTED FUNDS

PLEASE REFER TO REALLOTTED FUNDS INFORMATION IN 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.

SIGNATURE: TRIBAL OFFICIAL	TYPED NAME, TITLE, LEAD AGENCY NAME, PHONE #, FAX #
DATE SUBMITTED:	OMB CONTROL NO. 0970-0510
FORM ACF-696T PAGE 1 OF 1	EXPIRATION DATE: 05/31/2021 HAS ANY CONTACT INFORMATION CHANGED SINCE LAST YEAR? [] YES [] NO