|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT** | | | | | | | | | | |
| State | | Grant Year: | | | Final Report: | | Current Quarter Ended: | | | |
|  | | Grant Number: | | | Yes [ ] No [ ] | | Next Quarter Beginning: | | | |
| **CUMULATIVE FISCAL YEAR TOTALS** | | | | | | | | | | |
|  | | (COLUMN A)  MANDATORY FUNDS  (Federal Share Only)  Grant Document # CCDF | (COLUMN B)  MATCHING FUNDS  AT 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)  DISCRETIONARY  DISASTER RELIEF FUNDS  (Federal Share Only)  Grant Document #  CCDX | (COLUMN F) DISCRETIONARY DISASTER RELIEF FUNDS- CONSTRUCTION AND MAJOR RENOVATION  (Federal Share Only)  Grant Document #  CCDY | | (COLUMN G)  DISCRETIONARY CARES ACT FUNDS (Federal Share Only)  Grant Document #  CCC3 |
| 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 REQUESTED ESTIMATES 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: | | | | TYPED NAME, TITLE, AGENCY NAME, PHONE# | | | | | DATE SUBMITTED: | |
| FORM ACF-696 PAGE 1 OF 1 | APPROVED OMB CONTROL NO. 0970-0510  EXPIRATION DATE: XXXXX | | | THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. | | | | | | |