

CHILD CARE AND DEVELOPMENT FUND ACF-696T FINANCIAL RE

| | |
|--------|-------------------------------------|
| Tribe: | Grant Year (FFY grant was awarded): |
| | Expenditure Period: 10/1/ _____ |

Cumulative Fiscal Year Totals

| | COLUMN (A) MANDATORY | COLUMN (B) DISCRETIONARY (Not including Base) |
|---|--------------------------|---|
| | Grant Document # CCDF | Grant Document # CCDD |
| 1. Federal Funds Awarded | | |
| 2. Transfer to Constructions / Renovation | | |
| 3. Total Funds Available | | |
| 4. Expenditures for Direct Child Care Services | | |
| 5. Expenditures for Child Care Administration | | |
| 6. Expenditures for Non-Direct Services | | |
| 7. Expenditures for Quality Activites (excluding infant and toddler quality activites reported on line 8) | | |
| 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 in which the grant was aw

Signatures

This is to certify that the information reported on all parts of this form is accurate and true to the best of my know


This also certifies that the tribal lead agency has expended required funds in accordance with CCDF regulation.

| | |
|----------------------------|--------------|
| Signature: Tribal Official | Typed Name: |
| | Title: |
| | Agency Name: |
| Date Submitted: | Phone #: |
| Form: ACF - 696T | |


APPROVED OMB CONTROL NO. 0970-0510

EXPIRATION DATE: XXXXX

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