CHILD CARE AND DEVELOPMENT FUND ACF-696 FINA

State or Territory	<u>Grant Year</u>
	Grant Number:

Cumulative Fiscal Year Totals

	(COLUMN A) MANDATORY FUNDS (Federal Share Only)
	Grant Document # CCDF
1. Total Expenditures	
1(a). Child Care Administration	
1(a). Clinic 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). Non - Direct Services	
1(e)(1). Systems	
1(e)(2). Certificate Program Costs/Eligibility Determination	
1(e)(3). All Other Non-Direct 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 Quarter (Refer to Next Quarter Beginning Date Above.)	

Redistributed and Reallotted Funds

Please refer to redistribution and reallotment of funds information information in the instructions September 30 Submittal -- If available, does the State request redistributed matching funds? If yes and the State reque

3/31 Submittal -- If available, does the State request reallotted discretionary funds? REPORT MUST BE RECEIVED BY DUE DATE TO BE ELIGIBLE FOR REDISTRIBUTED MATCHING FUNE

Signature Information

This is to certify that the information reported on all parts of this form is accurate and true to th of Estimates is or will be available to meet the NON-FEDERAL Share of Expenditures as required

Signature: State/Territory Official	Typed Name, Title, Agenc
Date Certified:	
FORM ACF-696 APPROVED OMB CONTROL NO. 0970-0510	THE PAPERWORK REDUC instructions, gathering a
EXPIRATION Date: 05/31/2021	of information unless it c
Submit Date:	

NCIAL REPORT		
	<u>Final Report</u> [] Yes [] No	

(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

<u>. </u>	
	YES [] NO []
ests a limit to the matching amount, please enter amount:	0.00
	YES [] NO []
S OR REALLOTTED DISCRETIONARY FUNDS.	

e best of my knowledge and belief. This also certifies that the States share by law.

TION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimatec nd maintaining the data needed, and reviewing the collection of information. An agency may not conduc lisplays a currently valid OMB control number.

Current Quarter Ended		
Next Quarter Beginning		
(COLUMN F) DISCRETIONARY DISASTER RELIEF FUNDS CONST. & MAJOR RENOVATION (Federal Share Only) Grant Document # CCDY	(Column G) DISCRETIONARY CARES ACT FUNDS (Federal Share Only) Grant Document # CCC3	(Column H) DISCRETIONARY CRRSA ACT FUNDS (Federal Share Only) Grant Document # CCC5

I to average 6 hours per response, including the time for reviewing t or sponsor, and a person is not required to respond to, a collection