

CHILD CARE AND DEVELOPMENT FUND ACF-696T FINANCIAL REPORT

Tribe:	Grant Year (FFY grant was awarded):	GDN:	Final Report: <input type="checkbox"/> Yes <input type="checkbox"/> No
Expenditure Period: 10/1/____ TO 9/30/____			

Cumulative Fiscal Year Totals

	COLUMN (A) MANDATORY Grant Document # CCDF	COLUMN (B) DISCRETIONARY (Not including Base) Grant Document # CCDD	COLUMN (C) DISCRETIONARY Base Amount Grant Document # CCDD	COLUMN (D) CONST. & MAJOR RENOVATION MANDATORY Grant Document # CONT	COLUMN (E) CONST. & MAJOR RENOVATION DISCRETIONARY Grant Document # CONT	COLUMN (F) DISCRETIONARY DISASTER RELIEF FUNDS Grant Document # CCDX	COLUMN (G) DISCRETIONARY DISASTER RELIEF FUNDS CONST. & MAJOR RENOVATION Grant Document # CCDY	Column (H) DISCRETIONARY CARES ACT FUNDS Grant Document # CCC3	Column (I) DISCRETIONARY CARES ACT FUNDS CONST. & MAJOR RENOVATION Grant Document # CYC3	Column (J) DISCRETIONARY CRRSA FUNDS Grant Document # CCC5	Column (K) DISCRETIONARY CRRSA FUNDS CONST. & MAJOR RENOVATION Grant Document # CYC5
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 Activities (excluding infant and toddler quality activities 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 AWARDED (12/29), THE TRIBE WILL NOT BE ELIGIBLE FOR REALLOTMENT.

Signatures

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 tribal lead agency has expended required funds in accordance with CCDF regulation.

Signature: Tribal Official	Typed Name: Title: Agency Name:
Date Certified:	Phone #:

FORM ACF - 696T
 APPROVED OMB CONTROL NO. 0970-0510
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