

# CHILD CARE AND DEVELOPMENT FUND ACF-696 FINAL

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

## Cumulative Fiscal Year Totals

	(COLUMN A) MANDATORY FUNDS (Federal Share Only)
	Grant Document # CCDF
<b>1. Total Expenditures</b>	
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	
<b>1(e). Non - Direct Services</b>	
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	
<b>2. State Share of Expenditures</b>	
2(a). Regular	
2(b). Private Donated Funds	
2(c). Pre - K	
<b>3. Federal Share of Expenditures</b>	
4. Federal Share of Unliquidated Obligations	
<b>5. Awarded</b>	
6. Transfer From TANF	
<b>7. Unobligated Balance</b>	
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 requ
3/31 Submittal -- If available, does the State request reallotted discretionary funds?	
<b>REPORT MUST BE RECEIVED BY DUE DATE TO BE ELIGIBLE FOR REDISTRIBUTED MATCHING FUNDS</b>	

## Signature Information

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

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

# FINANCIAL REPORT

### Final Report

[ ] Yes  
[ ] No

<b>(COLUMN B) MATCHING FUNDS AT FMAP RATE OF ____% (Federal and State Share) Grant Document # CCDM</b>	<b>(COLUMN C) DISCRETIONARY FUNDS (Federal Share Only)  Grant Document # CCDD</b>	<b>(COLUMN D) MOE (State Share Only)</b>	<b>(COLUMN E) DISCRETIONARY DISASTER RELIEF FUNDS (Federal Share Only)  Grant Document # CCDX</b>

_____	YES [ ] NO [ ]
requests a limit to the matching amount, please enter amount:	<input type="text" value="0.00"/>
	YES [ ] NO [ ]
<b>DIS OR REALLOTTED DISCRETIONARY FUNDS.</b>	

\_\_\_\_\_ of \_\_\_\_\_, certify that the information provided is true and correct to the best of my knowledge and belief. This also certifies that the States share in accordance with law.

y Name, Phone #:

**ATION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated and maintaining the data needed, and reviewing the collection of information. An agency may not conduct displays a currently valid OMB control number.**

<b>Current Quarter Ended</b>
<b>Next Quarter Beginning</b>

<b>(COLUMN F)</b> <b>DISCRETIONARY</b> <b>DISASTER RELIEF FUNDS</b> <b>CONST. &amp; MAJOR</b> <b>RENOVATION</b> <b>(Federal Share Only)</b> <b>Grant Document #</b> <b>CCDY</b>	<b>(Column G)</b> <b>DISCRETIONARY</b> <b>CARES ACT FUNDS</b> <b>(Federal Share Only)</b>  <b>Grant Document #</b> <b>CCC3</b>	<b>(Column H)</b> <b>DISCRETIONARY</b> <b>CRRSA ACT FUNDS</b> <b>(Federal Share Only)</b>  <b>Grant Document #</b> <b>CCC5</b>


<b>l 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</b>