

# CHILD CARE AND DEVELOPMENT FUND ACF-696T FINANCIAL REPORT

Tribal Lead Agency:	Grant Year (FFY grant was awarded):
	Expenditure Period: 10/1/____

## Cumulative Fiscal Year Totals

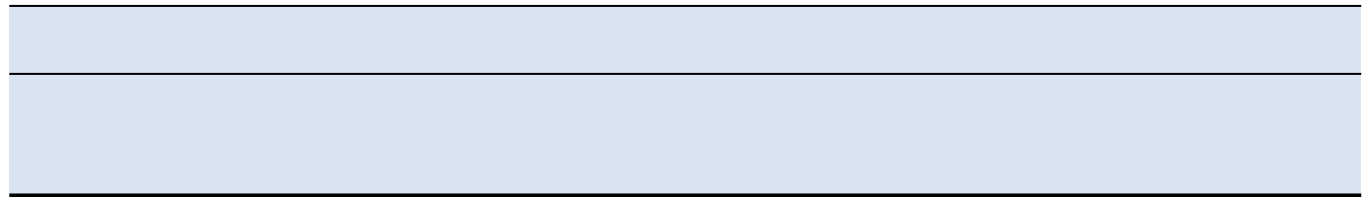
	COLUMN (A) MANDATORY	COLUMN (B) DISCRETIONARY Not including Base
	Grant Document # CCDF	Grant Document # CCDD
<b>1. Federal Funds Awarded</b>		
2. Transfer to Construction or Major Renovation		
3. Total Funds Available		
4. Expenditures for <b>Direct</b> Child Care Services		
5. Expenditures for Child 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		
<b>10. ARP Act Stabilization Sub-Grants to Providers</b>		
<b>11. ARP Act Stabilization Set Aside (Admin &amp; TA)</b>		
<b>11(a) Subgrant administration</b>		
<b>11(b) Systems</b>		
<b>11(c) TA - application</b>		
<b>11(d) TA - implementation</b>		
<b>11(e) Publicity</b>		
<b>11(f) Activities to Build Supply</b>		
<b>12. Total Federal Expenditures</b>		
13. Total Federal Unliquidated obligations		
<b>14. Total Federal Unobligated balance</b>		
14(a). Was the Tribal Lead Agency <b>unable</b> to obligate at least 50% of the CCDF stabilization grants by December 11, 2021?		
<b>15. Reallotted Funds:</b> If available, does the Tribe request reallotted discretionary funds? Please refer to reallotted funds information in the instructions. 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.		YES [ ] NO [ ]

## Signature Information

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

<b>Date Submitted:</b>	<b>Phone #:</b>
<b>Form:</b> ACF - 696T	
APPROVED OMB CONTROL NO. 0970-0510 <b>EXPIRATION DATE: 06/30/2024</b>	THE PAPERWORK REDUCTION ACT OF 19 to respond to, a collection of information unless





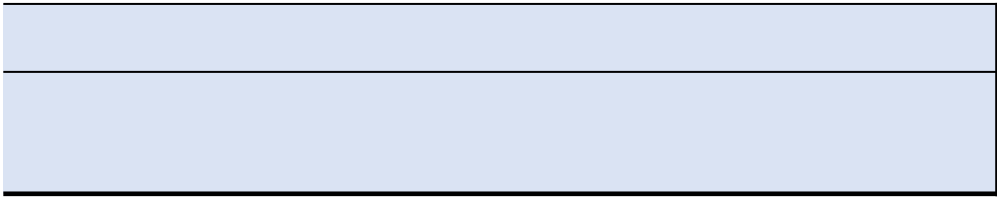
095 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 6 hours per response, including reviewing instructions, searching existing data sources, gathering the data, reviewing the collected data, completing and reviewing the collection of information, sending the information to the person collecting the information, reviewing and acting on the information, and performing the related record-keeping duties. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20543-0188. Send comments to the Office of Management and Budget, Paperwork Project Director (095). This collection of information does not display a currently valid OMB control number.





cluding the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the coll





lection of information. An agency may not conduct or sponsor, and a person is not required