

CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT

State or Territory	Grant Year	Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Quarter Ended
Grant Number:			Next Quarter Beginning

Cumulative Fiscal Year Totals

	(COLUMN A) MANDATORY FUNDS	(COLUMN B) MATCHING FUNDS AT FMAP RATE OF _____% (Federal and State Shares)	(COLUMN C) DISCRETIONARY FUNDS	(COLUMN D) MOE	(COLUMN E) DISCRETIONARY DISASTER RELIEF FUNDS	(COLUMN G) DISCRETIONARY CARES ACT FUNDS	(COLUMN H) DISCRETIONARY CRRSA ACT FUNDS	(COLUMN I) SUPPLEMENTAL DISCRETIONARY ARP ACT FUNDS	(COLUMN J) STABILIZATION ARP ACT FUNDS
	Grant Document #s CCDF (states) CCDT (territories)	Grant Document # CCDM	Grant Document # CCDD		Grant Document # CCDX	Grant Document # CCC3	Grant Document # CCC5	Grant Document # CDC6	Grant Document # CSC6
1. Total Expenditures									
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									
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. ARP Act Stabilization Subgrants to Providers									
4. ARP Act Stabilization Set Aside (Admin & TA)									
4(a) Subgrant administration									
4(b) Systems									
4(c) TA - application									
4(d) TA - implementation									
4(e) Publicity									
4(f) Activities to build supply									
5. Federal Share of Expenditures									
6. Federal Share of -Obligations (Not Yet Liquidated)									
7. Awarded									
8. Transfer From TANF									
9. Unobligated Balance									
10. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)									
Please refer to redistribution and reallocation of funds information in the instructions.									
11. Redistributed Funds (September 30 Submittal): If available, does the State or Territory request redistributed funds? [Mandatory (territories, per ARP Act); Matching (states)]	YES [] NO []	YES [] NO []							
11(a). If yes, does the State or Territory request a limit to the redistributed funds received?	0.00	0.00							
12. Reallotted Funds: If available, does the State request reallotted discretionary or stabilization funds?			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 and belief. This also certifies that the States share of Estimates is or will be Available to meet the NON-FEDERAL Share of Expenditures as Required by Law.

Signature: State Official	Typed Name, Title, Agency Name, Phone #:
Date Certified:	Submit Date:

FORM ACF-696 APPROVED OMB CONTROL NO. 0970-0510 EXPIRATION Date: XX/XX/XXXX

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