| CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT | | | | | | | | | | |
|--|--|---|---|-------------------|---|--|---|---|--|---|
| State or Territory | Grant Year Final Report Yes No | | | | | Current Quarter Ended | | | | |
| | Grant Number: | | | | | Next Quarter Beginning | | | | |
| | | | | | | | | | | |
| Cumulative Fiscal Year Totals | | | | | | | | | | |
| | (COLUMN A) MANDATORY FUNDS Grant Document #s CCDF (states) CCDT (territories) | (COLUMN B) MATCHING FUNDS AT FMAP RATE OF % (Federal and State Shares) Grant Document # CCDM | (COLUMN C) DISCRETIONARY FUNDS Grant Document # CCDD | (COLUMN D) MOE | (COLUMN E) DISCRETIONARY DISASTER RELIEF FUNDS GrantDocument # CCDX | COLUMN (F) AMERICAN RELIEF ACT NON-DISASTER SUPPLEMENTAL FUNDING Grant Document # CCDY | (COLUMN G) DISCRETIONARY CARES ACT FUNDS Grant Document # CCC3 | (COLUMN H) DISCRETIONARY CRRSA ACT FUNDS Grant Document # CCC5 | (COLUMN I) SUPPLEMENTAL DISCRETIONARY ARP ACT FUNDS Grant Document # CDC6 | (COLUMN J) STABILZATION ARP ACT FUNDS 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 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 reallotment of funds information info | rmation 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: 06/30/2027 | | N ACT OF 1995 (Pub. L. 104-13 of information. An agency ma | | | | | | | | ning the data needed, |