

CHILD CARE AND DEVELOPMENT FUND ACF-696T FINANCIAL REPORT

Tribal Lead Agency:	Grant Year (FFY grant was awarded):	GDN:	Submission: [] Original [] Revised	Final Report: [] Yes [] No
Expenditure Period: 10/1/_____		TO 9/30/_____		

Cumulative Fiscal Year Totals

	COLUMN (A) MANDATORY	COLUMN (B) DISCRETIONARY Not including Base	COLUMN (C) DISCRETIONARY Base Amount	COLUMN (D) CONST. & MAJOR RENOVATION MANDATORY	COLUMN (E) CONST. & MAJOR RENOVATION DISCRETIONARY	COLUMN (F) DISCRETIONARY DISASTER RELIEF FUNDS	COLUMN (G) AMERICAN RELIEF ACT NON-DISASTER SUPPLEMENTAL FUNDING
	Grant Document # CCDF	Grant Document # CCDD	Grant Document # CCDD	Grant Document # CONT	Grant Document # CONT	Grant Document # CCDX	Grant Document # CCDY
1. Federal Funds Awarded							
2. Transfer to Construction or Major 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. ARP Act Stabilization Sub-Grants to Providers							
11. ARP Act Stabilization Set Aside (Admin & TA)							
11(a) Subgrant administration							
11(b) Systems							
11(c) TA - application							
11(d) TA - implementation							
11(e) Publicity							
11(f) Activities to Build Supply							
12. Total Federal Expenditures							
13a. Total Federal obligations (Not Yet Liquidated) (excluding Construction/Major Renovation)							
13b. Total Federal obligations (Not Yet Liquidated) for Construction/Major Renovation							
14. Total Federal Unobligated balance							
15. Reallotted Funds: 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 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 Submitted:

Phone #:

Form: ACF - 696T

APPROVED OMB CONTROL NO. 0970-0510

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