

U. S. Department Of Health And Human Services
Administration For Children And Families

Child Care And Development Fund ACF- 696T Financial Report

Tribe:	Fiscal Year:	Submission (Mark One Box) Original <input type="checkbox"/> Revised <input type="checkbox"/>
	Doc. #(S):	

Cumulative Fiscal Year Totals

	Column (A) Tribal Mandatory Funds	Column (B) Tribal Disc. Funds (Not Including Base)	Column (C) Discretionary Funds Base Amount	Column (D) Const. & Renovation Tribal Mandatory	Column (E) Const. & Renovation Discretionary
1. Federal Funds Awarded	\$	\$	\$		
2. Transfer To Construction / Renovation	\$	\$	\$		
3. Total Funds Available	\$	\$	\$	\$	\$
4. Expenditures For Child Care Services	\$	\$	\$	\$	\$
5. Expenditures For Child Care Administration	\$	\$	\$	\$	\$
6. Expenditures For Non- Direct Services	\$	\$	\$	\$	\$
6(A). Systems	\$	\$	\$	\$	\$
6(B). Certificate Program Costs	\$	\$	\$	\$	\$
6(C). Eligibility Determination/ Other Non- Direct	\$	\$	\$	\$	\$
7. Expenditures For Quality Activities	\$	\$	\$	\$	\$
8. Expenditures For Construction / Renovation				\$	\$
9. Total Federal Expenditures	\$	\$	\$	\$	\$
10. Total Federal Unliquidated Obligations	\$	\$	\$	\$	\$
11. Total Federal Unobligated Balance	\$	\$	\$	\$	\$

Reallotted Funds

Please Refer To Reallotted Funds Information On Page Five (5) Of The Instructions.

If Available, Does The Tribe Request Reallotted Discretionary Funds ? Yes No .

If This Report Is Not Received Within 90 Days After The End Of The Fiscal Year (12/ 29), The Tribe Will Not Be Eligible For Reallotment.

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.

Signature: Tribal Official	Typed Name, Title, Lead Agency Name, Phone #, Fax #
Date Submitted:	Control No. 0970- 0195