

Annual Report on State Maintenance-of-Effort Programs: Form ACF-204

State OHIO

Fiscal Year 2004

Date Submitted December 30, 2004

Provide the following information for **EACH PROGRAM** (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Publicly Funded Child Care Services

2. Description of the Major Program Benefits, Services, and Activities:

Subsidized child care services are available to low income families to assist with maintaining employment and/or attend education/training activities leading to employment.

3. Purpose(s) of Benefit or Service Program:

To assist low-income families with maintaining employment and/or attend education or training activities leading to employment.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$90,085,267

(This figure includes the state share of the matching portion of the Childcare Development Fund which is: \$40,495,218 and Additional MOE of \$4,186,106).

7. Total State MOE Expenditures under the Program for the Fiscal Year:

\$45,403,943

8. Total Number of Families Served under the Program with MOE Funds 11,681(families)
20,748(children)

This last figure represents (check one):

X The average monthly total for the fiscal year.

_____ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
To receive subsidized child care services recipients must meet the following financial eligibility requirements:

Recipients were at or below 150% of the Federal Poverty Level at the time of application for service. Eligible families continue to receive services until their income exceeds 165% of the Federal Poverty Level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (check one)

Yes X No _____

11. Total Program Expenditures in FY 1995: _____
(NOTE: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: _____

NAME: _____

TITLE: _____

Approved OMB No. 0970-0199 Form ACF-204, expires 6/30/2002.