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Program Name: Child Care and Development Fund Mandatory & Matching

Grantee Name: New York - No. 01

Report Name: ACF - 696 Financial Report

Funding/Grant Period: 10/01/2017 - 09/30/2020 CCDF (1801NYCCDF)

Report Period: 01/01/2020 - 03/31/2020

Report Status: Submitted with Warnings

Report Progress



Warning #1: [30147] Line 6C. CCDF Reported Value Check.

[\[Long Description\]](#)

Warning #2: [30179] Line 1c (Col. A+B+C+E) should be greater than or equal to 3% of Line 1.

[\[Long Description\]](#)

Reporting Period

State New York	Fiscal Year 2018	Submission New	Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO	Current Quarter Ended: 03/31/2020
Grant Document #(s) 1801NYCCDF				Next Quarter Beginning: 07/01/2020

Cumulative Fiscal Year Totals

	(Column A) MANDATORY FUNDS (Federal Share Only)	(Column B) MATCHING FUNDS Federal and State Share) at FMAP Rate of 0.500000	(Column C) DISCRETIONARY FUNDS (Federal Share Only)	(Column D) MOE (State Share Only)	(Column E) DISCRETIONARY DISASTER RELIEF FUNDS Federal Share Only)	(Column F) DISCRETIONARY DISASTER RELIEF FUND CONSTRUCTION AND MAJOR RENOVATION Federal Share Only)
1. Total Expenditures	\$101,983,998	\$197,416,292	\$681,093,217	\$101,983,998	\$0	\$0
1(a). Child Care Administration	\$3,707,186	\$3,148,460	\$9,200,038	\$2,614,236	\$0	\$0
1(b). Quality						

<u>Activities Excluding Infant/Toddler Quality Activities Reported On Line 1(c)</u>	\$0	\$7,925,806	\$83,859,702	\$0	\$0	\$0
<u>1(c). Infant/Toddler Quality Activities</u>	\$1,886,594	\$866,036	\$23,658,826	\$0	\$0	\$0
<u>1(d). Direct Services</u>	\$86,558,446	\$178,547,593	\$552,719,205	\$91,057,744	\$0	\$0
<u>1(e). Non - Direct Services</u>	\$9,831,772	\$6,928,397	\$11,655,446	\$8,312,018	\$0	\$0
<u>1(e)(1). Systems</u>	\$0	\$0	\$4,067,232	\$0	\$0	\$0
<u>1(e)(2). Certificate Program Costs/Eligibility Determination</u>	\$0	\$0	\$0	\$0	\$0	\$0
<u>1(e)(3). All Other Non - Direct Services</u>	\$9,831,772	\$6,928,397	\$7,588,214	\$8,312,018	\$0	\$0
<u>1(f). Construction and Major Renovation</u>						\$0
<u>2. State Share of Expenditures</u>		\$98,708,146		\$101,983,998		
<u>2(a). Regular</u>		\$98,708,146		\$101,983,998		
<u>2(b). Private Donated Funds</u>		\$0		\$0		
<u>2(c). Pre - K</u>		\$0		\$0		
<u>3. Federal Share of Expenditures</u>	\$101,983,998	\$98,708,146	\$681,093,217		\$0	\$0
<u>4. Federal Share of Unliquidated Obligations</u>	\$0	\$0	\$18,958,436		\$0	\$0
<u>5. Awarded</u>	\$101,983,998	\$98,708,146	\$224,600,153		\$0	\$0
<u>6. Transfer From TANF</u>			\$475,451,500			
<u>7. Unobligated Balance</u>	\$0	\$0	\$0		\$0	\$0
<u>8. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)</u>	\$0	\$0	\$0			

Reallotted Funds

[Please refer to reallotted funds information on pages 7 of the instructions.](#)

9/30 Submittal -- If available, does the State request reallotted matching funds? YES NO

If yes and the State requests a limit to the matching amount, please enter amount: \$0

3/31 Submittal -- If available, does the State request reallotted discretionary 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



OMB Control No. 0970-0510

Typed Name Adam Riccardi

Title

Date Certified: 06/01/2020

Expiration

Date: 05/31/2021

Agency Name New York

Phone #

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Submit Date: 06/01/2020