

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES**

**CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT**

**Reporting Period**

State New York	Fiscal Year 2020	Submission New	Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO	Current Quarter Ended: 12/31/2019
Grant Document # 2001NYCCDF			Next Quarter Beginning: 04/01/2020	

**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) ARRA (American Recovery and Reinvestment Act Funds (Federal Share Only)
1. Total	\$0	\$0	\$0	\$0	
1(a). Child Care Administration	\$0	\$0	\$0	\$0	
1(b). Quality Activities Excluding Infant/Toddler Quality Activities Reported On Line 1(F) and all Targeted Funds	\$0	\$0	\$0	\$0	
1(c). Infant And Toddler Targeted Funds			\$0		
1(d). Quality Expansion Targeted Funds			\$0		
1(e). School-Age/Resource And Referral Targeted Funds			\$0		
1(f). Infant/Toddler Quality Activities	\$0	\$0	\$0	\$0	
1(g). Direct Services	\$0	\$0	\$0	\$0	
1(h) Non - Direct Services	\$0	\$0	\$0	\$0	
1(h)(1). Systems	\$0	\$0	\$0	\$0	
1(h)(2). Certificate Program Costs/Eligibility Determination	\$0	\$0	\$0	\$0	
1(h)(3). All Other Non - Direct Services	\$0	\$0	\$0	\$0	
2. State Share of Expenditures		\$0		\$0	
2(a). Regular		\$0		\$0	
2(b). Private Donated Funds		\$0		\$0	
2(c). Pre - K		\$0		\$0	
3. Federal Share of Expenditures	\$0	\$0	\$0		
4. Federal Share of Unliquidated Obligations	\$0	\$0	\$0		
5. Awarded	\$29,083,286	\$12,463,463	\$43,983,382		
6. Transfer From TANF			\$0		
7. Unobligated Balance	\$29,083,286	\$12,463,463	\$43,983,382		
8. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)	\$15,297,600	\$13,998,607	\$33,794,827		
9. Estimated Child Service Months Funded By ARRA:					

**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.0970-0163	Typed Name
Date Certified:	Expiration Date:02/22/2020	Title
		Agency Name
		Phone #

**Submit Date:**