

## ACF - 696 Financial Report

**Program Name:** Child Care and Development Fund Mandatory & Matching

**Grantee Name:** New York

**Report Name:** ACF - 696 Financial Report

**Funding/Grant Period:** 2101NYCCDF

**Report Period:** 10/01/2020 to 12/31/2020

**Report Status:** Submitted with Warnings

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>
<b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>
<b>CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT</b>

### Reporting Period

State New York	Fiscal Year 2021	Submission New	Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO	Current Quarter Ended: 12/31/2020
Grant Document #(s) 2101NYCCDF				Next Quarter Beginning: 04/01/2021

### Cumulative Fiscal Year Totals

	(Column A) MANDATORY FUNDS (Federal Share Only) Grant Document # CCDF	(Column B) MATCHING FUNDS (Federal and State Share) Grant Document # CCDM at FMAP Rate of % .562	(Column C) DISCRETIONARY FUNDS (Federal Share Only) Grant Document # CCDD	(Column D) MOE (State Share Only)	(Column E) DISCRETIONARY DISASTER RELIEF FUNDS (Federal Share Only) Grant Document # CCDX	(Column F) DISCRETIONARY DISASTER RELIEF FUNDS- CONSTRUCTION AND MAJOR RENOVATION (Federal Share Only) Grant Document # CCDY	(Column G) DISCRETIONARY CARES ACT FUNDS (Federal Share Only) Grant Document # CCC3
<b>1. Total Expenditures</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(a). Child Care Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(b). Quality Activities Excluding Infant/Toddler Quality Activities Reported On Line 1(c)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(c). Infant/Toddler Quality Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(d). Direct Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e). Non - Direct Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e)(1). Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e)(2). Certificate Program Costs/Eligibility Determination	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e)(3). All Other Non - Direct Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(f). Construction and Major Renovation						\$0.00	
<b>2. State Share of Expenditures</b>		\$0.00		\$0.00			
2(a). Regular		\$0.00		\$0.00			
2(b). Private Donated Funds		\$0.00		\$0.00			
2(c). Pre - K		\$0.00		\$0.00			
<b>3. Federal Share of Expenditures</b>	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00

4. Federal Share of Unliquidated Obligations	\$33,816,045.00	\$22,373,119.00	\$0.00		\$0.00	\$0.00	\$0.00
5. Awarded	\$33,816,045.00	\$32,534,180.00	\$45,114,565.00		\$0.00	\$0.00	\$0.00
6. Transfer From TANF			\$0.00				
7. Unobligated Balance	\$0.00	\$10,161,061.00	\$45,114,565.00		\$0.00	\$0.00	\$0.00
8. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)	\$0.00	\$0.00	\$0.00				

### 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 NameAdam Riccardi
		Title
Date Certified:01/29/2021	Expiration Date:05/31/2021	Agency NameNew York
		Phone #

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**Submit Date:**01/29/2021