

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: 2201NYCCDF

Report Period: 10/01/2021 to 12/31/2021

Report Status: Submitted with Warnings

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 or Territory New York	Grant Year 2022	Submission New	Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO	Current Quarter End: 12/31/2021
Grant Number: 2201NYCCDF				Next Quarter Beginning: 04/01/2022

Cumulative Fiscal Year Totals

	(Column A) MANDATORY FUNDS (Federal Share Only) Grant Document # CCDF (states) CCDT (territories)	(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
1. Total Expenditures	\$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
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
1(c). Infant/Toddler Quality Activities	\$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
1(e). Non - Direct Services	\$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
1(e)(2). Certificate Program Costs/Eligibility Determination	\$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
1(f). Construction and Major Renovation						\$0.00
2. State Share of Expenditures		\$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		
3. ARP Act Stabilization Subgrants to Providers						
4. ARP Act Stabilization Set Aside (Admin & TA)						
4(a) Subgrant administration						
4(b) Systems						


4(c) TA - application						
4(d) TA - implementation						
4(e) Publicity						
4(f) Activities to build supply						
5. Federal Share of Expenditures	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
6. Federal Share of Unliquidated Obligations	\$35,694,398.00	\$41,941,001.00	\$95,226,510.00		\$0.00	\$0.00
7. Awarded	\$35,694,398.00	\$41,941,001.00	\$95,226,510.00		\$0.00	\$0.00
8. Transfer From TANF			\$848,800.00			
9. Unobligated Balance	\$0.00	\$0.00	\$848,800.00		\$0.00	\$0.00
9(a). Was the State or Territory unable to obligate at least 50% of the CCDF stabilization grants by December 11, 2021?						
10. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)	\$0.00	\$0.00	\$0.00			
Please refer to redistribution and reallocation of funds information in the instructions.						
11. Redistributed Funds (September 30 Submittal): If available, does the State or Territory request redistributed funds? [Mandatory (territories, per ARP Act); Matching (states)]	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No				
11(a). If yes, does the State or Territory request a limit to the redistributed funds received?	\$0.00	\$0.00				
12. Reallocated Funds: If available, does the State request reallocated discretionary or stabilization funds?			<input checked="" type="radio"/> Yes <input type="radio"/> No			

Cumulative Supplemental Funds Totals

	(Column G) DISCRETIONARY CARES ACT FUNDS (Federal Share Only) Grant Document # CCC3	(Column H) DISCRETIONARY CRRSA ACT FUNDS (Federal Share Only) Grant Document # CCC5	(COLUMN I) SUPPLEMENTAL DISCRETIONARY ARP ACT FUNDS Grant Document # CDC 6	(COLUMN J) STABILIZATION ARP ACT FUNDS Grant Document # CSC 6
1. Total Expenditures	\$0.00	\$0.00	\$0.00	\$0.00
1(a). Child Care Administration	\$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	
1(c). Infant/Toddler Quality Activities	\$0.00	\$0.00	\$0.00	
1(d). Direct Services	\$0.00	\$0.00	\$0.00	
1(e). Non - Direct Services	\$0.00	\$0.00	\$0.00	
1(e)(1). Systems	\$0.00	\$0.00	\$0.00	
1(e)(2). Certificate Program Costs/Eligibility Determination	\$0.00	\$0.00	\$0.00	
1(e)(3). All Other Non - Direct Services	\$0.00	\$0.00	\$0.00	
1(f). Construction and Major Renovation				
2. State Share of Expenditures				
2(a). Regular				
2(b). Private Donated Funds				
2(c). Pre - K				
3. ARP Act Stabilization Subgrants to Providers				\$0.00
4. ARP Act Stabilization Set Aside (Admin & TA)				\$0.00
4(a). Subgrant administration				\$0.00

4(b). Systems				\$0.00
4(c). TA - application				\$0.00
4(d). TA - implementation				\$0.00
4(e). Publicity				\$0.00
4(f). Activities to build supply				\$0.00
5. Federal Share of Expenditures	\$0.00	\$0.00	\$0.00	\$0.00
6. Federal Share of Unliquidated Obligations	\$0.00	\$0.00	\$0.00	\$0.00
7. Awarded	\$0.00	\$0.00	\$0.00	\$0.00
8. Transfer From TANF				
9. Unobligated Balance	\$0.00	\$0.00	\$0.00	\$0.00
9(a). Was the State or Territory unable to obligate at least 50% of the CCDF stabilization grants by December 11, 2021?				<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)				
Please refer to redistribution and reallocation of funds information in the instructions.				
11. Redistributed Funds (September 30 Submittal): If available, does the State or Territory request redistributed funds? [Mandatory (territories, per ARP Act); Matching (states)]				
11(a). If yes, does the State or Territory request a limit to the redistributed funds received?				
12. Reallocated Funds: If available, does the State request reallocated discretionary or stabilization funds?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> 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		
Signature: State/Territory Official 	OMB Control No.0970-0510	Typed NameAdam Riccardi
		Title
Date Certified:05/06/2022	Expiration Date:09/30/2023	Agency NameNew York
		Phone #
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Submit Date: 05/06/2022		