

**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<br>Kentucky | Fiscal Year<br>2017            | Submission<br>New | Final Report<br><input type="radio"/> YES<br><input checked="" type="radio"/> NO | Current Quarter<br>Ended:<br>06/30/2017  |
|                   | Grant Document #<br>1701KYCCDF |                   |  | Next Quarter<br>Beginning:<br>10/01/2017 |

**Cumulative Fiscal Year Totals**

|   | (Column A)<br>MANDATORY<br>FUNDS (Federal<br>Share Only) | (Column B)<br>MATCHING FUNDS<br>(Federal and State<br>Share) at FMAP Rate<br>of<br>0.704600 | (Column C)<br>DISCRETIONARY<br>FUNDS (Federal<br>Share Only) | (Column D)<br>MOE (State Share<br>Only) | (COLUMN E)<br>ARRA (American<br>Recovery<br>and Reinvestment Act<br>Funds<br>(Federal Share Only) |
|---|--|---|--|---|---|
| <b>1. Total</b>   | \$840,365  | \$10,126,645  | \$26,837,693   | \$7,274,537                             |   |
| 1(a). Child Care Administration   | \$492,711  | \$0   | \$1,091,792  | \$7,392                                 |   |
| 1(b). Quality Activities Excluding Infant/Toddler Quality Activities Reported On Line 1(F) and all Targeted Funds | \$0  | \$270,343   | \$3,418,267  | \$0                                     |   |
| 1(c). Infant And Toddler Targeted Funds   |  |   | \$1,570,552  |   |   |
| 1(d). Quality Expansion Targeted Funds  |  |   | \$1,542,440  |   |   |
| 1(e). School-Age/Resource And Referral Targeted Funds   |  |   | \$61,665   |   |   |
| 1(f). Infant/Toddler Quality Activities   | \$0  | \$0   | \$0  | \$0                                     |   |
| 1(g). Direct Services   | \$0  | \$9,856,302   | \$16,594,668   | \$7,267,145                             |   |
| 1(h) Non - Direct Services  | \$347,654  | \$0   | \$2,558,309  | \$0                                     |   |
| 1(h)(1). Systems  | \$0  | \$0   | \$598,937  | \$0                                     |   |
| 1(h)(2). Certificate Program Costs/Eligibility Determination  | \$347,654  | \$0   | \$1,958,939  | \$0                                     |   |
| 1(h)(3). All Other Non - Direct Services  | \$0  | \$0   | \$433  | \$0                                     |   |
| <b>2. State Share of Expenditures</b>   |  | \$7,677,103   |  | \$7,274,537                             |   |
| 2(a). Regular   |  | \$7,677,103   |  | \$7,274,537                             |   |
| 2(b). Private Donated Funds   |  | \$0   |  | \$0                                     |   |
| 2(c). Pre - K   |  | \$0   |  | \$0                                     |   |
| <b>3. Federal Share of Expenditures</b>   | \$840,365  | \$2,449,542   | \$26,837,693   |   |   |
| <b>4. Federal Share of Unliquidated Obligations</b>   | \$0  | \$0   | \$0  |   |   |
| <b>5. Awarded</b>   | \$13,361,325   | \$18,311,735  | \$43,910,620   |   |   |
| <b>6. Transfer From TANF</b>  |  |   | \$0  |   |   |

|  |              |              |              |  |  |
|--|--------------|--------------|--------------|--|--|
| 7. Unobligated Balance   | \$12,520,960 | \$15,862,193 | \$17,072,927 |  |  |
| 8. Federal Funds Requested : Estimates For Next Quarter<br>(Refer to Next Quarter Beginning Date Above.) | \$5,845,579  | \$8,011,387  | \$18,080,844 |  |  |
| 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? <input checked="" type="radio"/> YES <input type="radio"/> 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? <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 of Estimates is or will be Available to meet the NON-FEDERAL Share of Expenditures as Required by Law. |                            |                                  |
| Signature: State Official<br>   | OMB Control No.0970-0163   | Typed NameLeesa S. Harrison      |
|  |                            | TitleGrant Accountant            |
| Date Certified:07/26/2017  | Expiration Date:02/22/2020 | Agency NameKentucky              |
|  |                            | Phone #(502) 564-8890 Ext. 03194 |
| <b>Submit Date:07/26/2017</b>  |                            |                                  |