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 Tennessee Department of Human Services	Grant Year 2023	Submission New	Current Quarter Ended: 06/30/2023
II I	Grant Number: 2301TNCCDF		Next Quarter Beginning: 10/01/2023

Cumulative Fiscal Year Totals

Cumu	Cumulative Fiscal Year Totals							
	(Column A) MANDATOR Y FUNDS (Federal Share Only) Grant Docume nt # CCDF (states) CCDT (territo ries)	(Column B) MATCHING FUNDS (Federal and S tate Share) Grant Docume nt # CCDM at FMAP Rate of % .711	(Column C) DISCRETION ARY FUNDS (Federal Share Only) Grant Docume nt # CCDD	(Column D) MOE (State Share O nly)	(Column E) DISCRETION ARY DISAST ER RELIEF F UNDS (Federal Share Only) Grant Docume nt # CCDX	(Column F) DISCRETION ARY DISAST ER RELIEF F UNDS-CONS TRUCTION A ND MAJOR R ENOVATION (Federal Share Only) Grant Docume nt # CCDY		
1. Total Expenditures	\$28,921,380.51	\$34,009,678.30	\$95,732,674.53	\$14,875,961.11	\$0.00	\$0.00		
1(a). Child Care Administration	\$0.00	\$0.00	\$1,985,642.42	\$14,864,126.71	\$0.00	\$0.00		
1(b). Quality Activities Excluding Infant/Toddler Quality Activities Reported On Line 1(c)	\$0.00	\$0.00	\$26,391,663.74	\$0.00	\$0.00	\$0.00		
1(c). Infant/Toddler Quality Activities	\$0.00	\$0.00	\$7,318,562.46	\$0.00	\$0.00	\$0.00		
1(d). Direct Services	\$28,921,380.51	\$34,009,678.30	\$55,497,343.33	\$0.00	\$0.00	\$0.00		
1(e). Non - Direct Services	\$0.00	\$0.00	\$4,539,462.58	\$11,834.40	\$0.00	\$0.00		
1(e)(1). Systems	\$0.00	\$0.00	\$97,709.81	\$0.00	\$0.00	\$0.00		
1(e)(2). Certificate Program Costs/Eligibility Determination	\$0.00	\$0.00	\$4,441,752.77	\$49.49	\$0.00	\$0.00		
1(e)(3). All Other Non - Direct Services	\$0.00	\$0.00	\$0.00	\$11,784.91	\$0.00	\$0.00		
1(f). Construction and Major Renovation						\$0.00		
2. State Share of Expenditures		\$6,444,796.74		\$14,875,961.11				
2(a). Regular		\$6,444,796.74		\$14,875,961.11				
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	\$28,921,380.51	\$27,564,881.56	\$95,732,674.53		\$0.00	\$0.00		
6. Federal Share of Unliquidated Obligations	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00		
7. Awarded	\$32,046,860.00	\$38,592,999.00	\$181,947,920.00		\$0.00	\$0.00		
8. Transfer From TANF			\$0.00					
9. Unobligated Balance	\$3,125,479.49	\$11,028,117.44	\$86,215,245.47		\$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 (Ref er to Next Quarter Beginning Date Above.)	\$13,195,765.80	\$15,891,234.80	\$74,107,937.40			
Please refer to redistribution and reallotment of funds information information in the instructions.						
11. Redistributed Funds (September 30 Submittal): If available, does the State or Territory request redistributed funds? [Mandat ory (territories, per ARP Act); Matching (states)]	O Yes O N	O Yes O N				
11(a). If yes, does the State or Territory request a limit to the re distributed funds received?	\$0.00	\$0.00				
12. Reallotted Funds: If available, does the State request reallott ed discretionary or stabilization funds?			O Yes O N			

12. Reallotted Funds: If available, does the State request reallott ed discretionary or stabilization funds?			O Yes O N				
Cumulative Supplemental Funds Totals							
	(Column G) DISCRETION ARY CARES ACT FUNDS (Federal Share Only) Grant Docume nt # CCC3	(Column H) DISCRETION ARY CRRSA ACT FUNDS (Federal Share Only) Grant Docume nt # CCCS	(COLUMN I) SUPPLEMEN TAL DISCRE TIONARY AR P ACT FUNDS Grant Docume nt # CDC6	(COLUMN J) STABILZATI ON ARP ACT FUNDS Grant Docume nt # CSC6			
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?				Yes ON			
10. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)							
Please refer to redistribution and reallotment of funds information	information in t	he instructions.					

does the State or Territory request redist ory (territories, per ARP Act); Matching	ributed funds? [Mandat							
11(a). If yes, does the State or Territory distributed funds received?	request a limit to the re							
12. Reallotted Funds: If available, does to discretionary or stabilization funds?	he State request reallotte	O Yes O N	O Yes O N	O Yes O N	Yes ON			
Signature Information								
This is to certify that the information repare	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 sh are							
Signature: State/Territory Official	State/Territory Official OMB Control No.0970-0510 Typed NameSteven Baskin							
Z. segn		TitleFi	scal Director 1					
Date Certified:07/27/2023 Expiration Date:06/30/2024 Agency Nam				agency NameTennessee Department of Human Services				
		Phone	#					
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Submit Date:07/27/2023