SNAP E&T Dependent Care Funding Request FFY2017

SECTION ONE

District Name:

Line#	FFY 2017	Amount	
1	Estimated CCBG Excess MOE Local Non-Federal Expenditures for FFY 2017	$0	Note: If CCBG Excess MOE is zero, district not eligible for SNAP DC
2	Projected Gross SNAP Eligible Dependent Care Expenditures (use SNAP Dependent Care Report to get this amount)	$0	
3	Identify Any Projected Adjustments Beyond Gross Eligible Expenditures From SNAP Dependent Care Report	$0	Note: Provide detail for adjustments below
4	Total Gross SNAP Eligible Dependent Care Expenditures For FFY 2017	$0	

Projected Gross SNAP Expenditures:_____
(capped at excess MOE expenditure level as identified on line #1)

SECTION TWO - Adjustments on Line 3 of Section One (if any)

Payment Type	Name	Amount	Name of Activity	Payment From Date	Payment To Date
	(total will automatically enter on line #3) Total	$0			