

SNAP E&T Dependent Care Funding Request FFY2015

SECTION ONE

District:

Line#	FFY 2015	Amount	
1	Estimated CCBG Excess MOE Local Non-Federal Expenditures for FFY 2015	\$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	<u>\$0</u>	Note: Provide detail for adjustments below
4	Total Gross SNAP Eligible Dependent Care Expenditures For FFY 2015	<u>\$0</u>	
	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)

<u>Payment</u>	<u>Name</u>	<u>Amount</u>	<u>Name of Activity</u>	<u>Payment From Date</u>	<u>Payment To Date</u>
<u>Type</u>					

(total will automatically enter on line #3) Total \$0