## SNAP E&T Dependent Care Funding Request FFY2016

## SECTION ONE

## **District Name:**

	Amount		
DE Local Non-Federal	\$0	Note: If CCBG Excess MOE is zero, district not eligible for SNAP DC	
ble Dependent Care pendent Care Report to get	\$0		
tments Beyond Gross SNAP Dependent Care	<u>\$0</u>	Note: Provide detail for adjustments below	
ependent Care	<u>\$0</u>		
enditures: level as identified on line #1)			
Section One (if any)			
	<u>Amount</u>	Name of Activity	Payment From Date Payment To Date
	ble Dependent Care pendent Care Report to get tments Beyond Gross SNAP Dependent Care ependent Care enditures: level as identified on line #1)	DE Local Non-Federal \$0   De Dependent Care \$0   pendent Care Report to get \$0   tments Beyond Gross \$0   SNAP Dependent Care \$0   ependent Care \$0   ependent Care \$0   enditures: \$0   level as identified on line #1)	DE Local Non-Federal       \$0       Note: If CCBG Excess MOE is zero, district not eligible for SNAP DC         De Dependent Care pendent Care Report to get       \$0       Note: Provide detail for adjustments below         tments Beyond Gross       \$0       Note: Provide detail for adjustments below         cmenters:       \$0       \$0         ependent Care       \$0       Note: Provide detail for adjustments below         ependent Care       \$0       Solution (if any)         Section One (if any)       Section Care       \$0

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