

**SNAP E&T Dependent Care Funding Request FFY2016**

**SECTION ONE**

**District Name:**

Line#	FFY 2016	Amount	
1	Estimated CCBG Excess MOE Local Non-Federal Expenditures for FFY 2016	\$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 2016	<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 Type</u>	<u>Name</u>	<u>Amount</u>	<u>Name of Activity</u>	<u>Payment From Date</u>	<u>Payment To Date</u>
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(total will automatically enter on line #3)	<u>Total</u>	<u>\$0</u>
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