

ARKANSAS BETTER CHANCE PROGRAM
Division of Child Care and Early Childhood Education
P.O. Box 1437, Slot S-160 • Little Rock, Arkansas 72203
501.682.9699 – Fax 501.683.0971



2009-2010
Expenditure Report Certification
Check one: MID-YEAR REPORT FINAL REPORT

_____ (Name of Authorized Official)
on behalf of

_____ (Name of Program Agency)

certifies that the attached expenditure summary and justification provides complete disclosure of all expenditures incurred to date from funds granted for use in the Arkansas Better Chance Program. In addition, the report provides an accurate reporting of the match funding required by Act 212 of 1991 and Act 49 or 2003 in the proportion of 60:40, ABC to local match. All documentation supporting program expenditures has been attached to this report.

Under penalties of fraud and perjury, I certify the accompanying financial statement(s) is/are true and correct to the best of my knowledge. I understand that any disallowed expenditures will be deducted from future funding or recovered through a repayment agreement with the DCCECE Compliance Unit.

Signature _____ Date _____

Title

Report Prepared By

Title

Address

City Telephone