## **FEDERAL FINANCIAL REPORT**

			(	Follow form in	nstructions)							
<ol> <li>Federal Ag</li> </ol>	ency and Organi	zational Element	2. Federal Gra	Federal Grant or Other Identifying Number Assigned by Federal Agency						of		
to Which Report is Submitted			(To report r	(To report multiple grants, use FFR Attachment)					1	2		
HHS-ADMINISTRATION FOR CHILDREN							l l		_			
& FAMILIES								Ī				
										pages		
	NGE CTY CO	ne and complete address in VE CONSOLIDATED II		DIST								
4a. DUNS Nu		4b. EIN	5. Recipient A	ccount Numb	er or Identifying Number	6.	Report Type	7. Basis o	f Accou	nting		
			(To report	multiple grant	ts, use FFR Attachment)		Quarterly					
						1	Semi-Annual	1				
825391659 1746001837A1		1746001837A1					E Annual					
						D Final		⊠ Cash ☐ Accrual				
0. D-1-10	-A Double d	L							LA	ccruai		
						Reporting Period End Date     (Month, Day, Year)						
From. (World, Day, Year)			To. (Moral, D	A second contract of the second contract of t			TEMBER 30. 2011					
10 Transact			<u></u>			Į. JL	I I I I I I I I I I I I I I I I I I I					
10. Transac								Cumulati	ve			
(Use lines a-c	c for single or m	ultiple grant reporting)										
Federal Casl	h (To report mu	ltiple grants, also use FF	R Attachment):									
a. Cash R	eceipts				-				48,	907.70		
	isbursements							379,253.82				
	Hand (line a mir		<del></del>						-330,	346.12		
	for single gran											
		nobligated Balance:										
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Recipient Sh		ederar idrido (inte d frintos	9/									
	cipient share requ	ired	***************************************			W	7					
	nt share of expen											
k. Remainir	ng recipient share	e to be provided (line i minu	ıs j)									
Program Inco	ome:					***************************************				-		
I. Total Fed	eral program inc	ome earned					T					
m. Program	income expend	ed in accordance with the o	leduction alternative									
	• • • • • • • • • • • • • • • • • • • •	ed in accordance with the a	***************************************									
o. Unexpen		ome (line I minus line m or		γ					AND AND S			
11. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amou	nt Charged	f. Federal S	hare			
Expense										VALUE OF THE PARTY		
Схренве				- T-4-1-1		-						
12. Remarks		nations deemed necessary		g. Totals:	al soonsoring agency in	1 compliance	with anyomina la					
· Li Tromaino.	racorrany expre	masona accinca necessary	or information requ	ned by reder	ar sponsoning agency in t	Joniphance	with governing is	egistation:				
3. Certification	on: By signing	this report, I certify to the	e best of my knowl	edge and be	lief that the report is tru	e complet	and accurate	and the ever	nditure			
disbursen	ents and cash i	receipts are for the purpo	ses and intent set	forth in the a	ward documents I am	aware that	any falsa fistiti	oue or trands	done in	formation		
		al, civil, or administrative				aware unur	arry raise, nead	ous, or nauge	sent in	Ormadon		
		Title of Authorized Certifying				1						
i. Typed or Fil	nteo warne and r	nile of Authorized Certifying	Joinciai					one (Area code, number and extension)				
Smith, Juanita							409-882-5434					
Financial Specialist							Email address jusm@woccisd.net					
. Signature of	Authorized Certit	fving Official				-			Vec-1	-		
b. Signature of Authorized Certifying Official e.  Juanita Smith							e. Date Report Submitted (Month, Day, Year)  OCTOBER 27, 2011					
						14. Agend	y use only:		E 9/8/15	77 K SEE G. F 10		
						3000						

Paperwork Burden Statement

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid CMB Control Number. The valid CMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0081), Washington, DC 20503.

Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

## FEDERAL FINANCIAL REPORT ATTACHMENT

(For reporting multiple grants)

Federal Agency and Organizational Element to Which Report is Submitted (Box 1 on Page 1)      HHS-ADMINISTRATION FOR CHILDREN & FAMILIES	,	Recipient Organization (Box 3 on Page 1)  WEST ORANGE CTY COVE CONSOLIDATED INPENT SCHOOL DIST POST OFFICE 1107 ORANGE, TX, 77630					
3a. DUNS Number (Box 4a on Page 1) 825391659	Reporting Period E     (Month, Day, Yea	ind Date (Box 9 on Page 1) ar)					
3b. EIN (Box 4b on Page 1) 1746001837A1	SEPTEMBER 30,	2011	Page2 of2				
List Information below for each grant covered by this r	eport. Use additional pag	ges if more space is required.					
Federal Grant Number	Recipient Account Nu	mber	Cumulative Federal Cash Disbursement				
06CH540544			\$	1,495,712.00			
06CH540545				215,832.37			
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		Y	1				
TOTAL (Should correspond to the amount on Line 10b or	n Page 1)	\$ 379,253.82	\$	1,711,544.37			
,			Standard Form OMB Approval Expiration Date	Number: 0348-0061			

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average thirty (30) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project ( 0348-0061), Washington, DC 20503.