

Federal Financial Report Attachment
(For reporting multiple grants)

1. Federal Agency and Organizational Element to Which Report is Submitted (Box 1 on Page 1) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">HHS-ADMINISTRATION FOR CHILDREN AND FAMILIES</div>		2. Recipient Organization (Box 3 on Page 1) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">WEST ORANGE-COVE CONSOLIDATED ISD</div>	
3a. DUNS Number (Box 4a on Page 1) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">825391659</div>	3b. EIN (Box 4b on Page 1) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">74-6001837</div>	4. Reporting Period End Date (Box 9 on Page 1) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">07/31/2019</div>	
5. List Information below for each grant covered by this report.			
Federal Grant Number <div style="border: 1px solid black; padding: 2px; min-height: 20px;">06CH010172-04</div>	Recipient Account Number <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	Cumulative Federal Cash Disbursement \$ <div style="border: 1px solid black; padding: 2px; min-height: 20px; text-align: right;">1,708,979.00</div>	
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$ <div style="border: 1px solid black; padding: 2px; min-height: 20px; text-align: right;">1,708,979.00</div>	

Standard Form 425A

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 20px;">HHS-ADMINISTRATION FOR CHILDREN AND FAMILIES</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">06CH010172-04</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">WEST ORANGE-COVE CONSOLIDATED ISD</div>			
Street1: <div style="border: 1px solid black; padding: 2px; width: 80%;">PO BOX 1107</div>			
Street2: <div style="border: 1px solid black; padding: 2px; width: 80%;"></div>			
City: <div style="border: 1px solid black; padding: 2px; width: 60%;">ORANGE</div>		County: <div style="border: 1px solid black; padding: 2px; width: 60%;">ORANGE</div>	
State: <div style="border: 1px solid black; padding: 2px; width: 60%;">TX: Texas</div>		Province: <div style="border: 1px solid black; padding: 2px; width: 60%;"></div>	
Country: <div style="border: 1px solid black; padding: 2px; width: 60%;">USA: UNITED STATES</div>		ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 60%;">77631-1107</div>	
4a. DUNS Number <div style="border: 1px solid black; padding: 2px; width: 80%;">825391659</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; width: 80%;">74-6001837</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; width: 90%;"></div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; width: 60%;">08/01/2018</div> To: <div style="border: 1px solid black; padding: 2px; width: 60%;">07/31/2019</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; width: 80%;">07/31/2019</div>
10. Transactions			Cumulative
(Use lines a-c for single or multiple grant reporting)			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			1,708,979.00
b. Cash Disbursements			1,708,979.00
c. Cash on Hand (line a minus b)			0.00
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			1,708,979.00
e. Federal share of expenditures			1,708,979.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			1,708,979.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			427,245.00
j. Recipient share of expenditures			427,245.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m or line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
PREDETERMINED	5.24	08/01/2018	07/31/2019	652,849.76	34,209.33	25,657.00
				1,056,129.24	55,341.17	401,588.00
g. Totals:				1,708,979.00	89,550.50	427,245.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

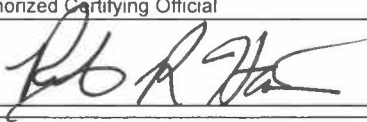
a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

Admin Costs

Salaries	94,018.70
Maintenance	2,600.43
Fringe	1,634.07
Insurance	1,006.71
Out-of-Town Travel	392.82
Supplies	1,700.50
Audit Services	1,500.00
Building Maintenance / Repair	5,049.40
Utilities	2,014.84
Child Insurance	59.70
Advertising	17.25
In-Direct Costs	137,911.83
	<u>247,906.25</u>

Admin Costs %	14.51%
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USDA	\$285,408.50
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Disabilities	\$59,111.13
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USDA**Breakfast Lunch**

Aug	1244	1265
SEPT	4574	4572
OCT	5850	5846
NOV	4266	4265
DEC	3372	3384
JAN	4337	4347
FEB	5077	5047
MAR	5077	5047
APR	5077	5047
MAY	5077	5047

43951	43867
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