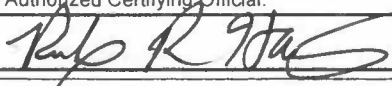


REAL PROPERTY STATUS REPORT SF-429
(COVER PAGE)

OMB Number: 4040-0016
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted: HHS-ADMINISTRATION FOR CHILDREN AND FAMILIES		2. Federal Grant(s) or Other Identifying Number(s) Assigned by Federal Agency(ies): 06CH010172-04			
3. Recipient Organization (name and complete address including zip code): Recipient Organization Name: WEST ORANGE-COVE CONSOLIDATED ISD Street1: PO BOX 1107 Street2: City: ORANGE County: ORANGE State: TX: Texas Province: Country: USA: UNITED STATES ZIP / Postal Code: 77631-1107					
4a. DUNS Number: 825391659		4b. EIN: 74-6001837		5. Recipient Account or Identifying Number:	
6. Contact Person for this Report: Prefix: Mrs. First Name: VICKIE Middle Name: Last Name: PRICE Suffix: Email: vipr@woccisd.net Phone: 409-882-5434 Fax: 409-882-5449					
7. Report End Date: 07/31/2019 (MM/DD/YYYY)					
8. Real Property Status Report – Attachments: [check the applicable block(s)]: <input checked="" type="checkbox"/> : Attachment A (General Reporting) attached <input type="checkbox"/> : Attachment B (Request to Acquire, Improve or Furnish) attached <input type="checkbox"/> : Attachment C (Disposition Request) attached					
9. Comments: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>					
10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.					
11a. Typed or Printed Name and Title of Authorized Certifying Official: Prefix: Mr. First Name: RICKIE Middle Name: Last Name: HARRIS Suffix: Title: SUPERINTENDENT					
11b. Signature of Authorized Certifying Official: 					
11c. Telephone (area code, number, extension): 409-882-5601					
11d. Email Address: riha@woccisd.net					
11e. Date Report Submitted (MM/DD/YYYY): 10/25/2019				12. Agency use only	

Real Property Status Report
ATTACHMENT A (General Reporting) SF-429-A

OMB Number: 4040-0016
Expiration Date: 02/28/2022

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 06CH010172-04

Complete the applicable blocks below for each parcel of real property being reported (duplicate this page to provide information for each parcel of real property being reported under the Federal financial assistance award identified in section 2):

13. Period and type of Federal Interest (MM/DD/YYYY): From: 08/01/2018 To: 07/31/2019
 Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
PARKING LOT EXTENSIONS TO THE WEST OF PRIMARY BUILDING

14b. Address of Real Property (legal description and complete address including zoning information):
Street1: 801 CORDREY ST
Street2:
City: ORANGE County: ORANGE
State: TX: Texas Province:
Country: USA: UNITED STATES ZIP / Postal Code: 77630-3420
Zoning Information:
GPS Location Longitude: GPS Location Latitude:

14c. Land Acreage or Square Units:
Enter Amount: 14,960.00
Select units: Acres Square Feet Square Kilometers Square Meters

14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):
Enter Amounts:
Gross Usable
Select units: Square Feet Square Meters

14e. Real Property Ownership Type(s):
 A. Owned B. Co-Owned C. Fee Simple D. Corporate
 E. Joint Tenancy F. Partnership G. Limited Liability Partnership H. Co-Operative
 I. Government Furnished Property J. Other (Describe):

14f. Real Property Cost: \$ Share Percentage %:
Federal Share: \$ 100,988.00 [80.00 %]
Non-Federal Share: \$ 25,247.00 [20.00 %]
Total (sum of Federal and Non-Federal Share): \$ 126,235.00 [100.00 %]

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in this real property?
 Yes No N/A
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:
Date: Jurisdiction:

14h. Has Federally required insurance coverage been secured for this real property? Yes No
See instructions for more details.

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this real property? Yes No

14j. Are there any environmental compliance requirements related to the real property? Yes No
If yes, describe them:
Add Attachment Delete Attachment View Attachment

14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is it listed or eligible for listing in the National Register of Historic Places? Yes No

If yes, describe them:

Add Attachment

Delete Attachment

View Attachment

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?

Yes No

If yes, describe the change:

Add Attachment

Delete Attachment

View Attachment

16. Real Property Disposition Status:

- A. Sold B. Transferred to different award C. Used in other Federally sponsored project/program
 D. Transferred title E. Retained Title F. N/A

i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of funds owed to the Federal government:

ii. If applicable, enter the amount of any net proceeds from the sale of the real property and describe how the proceeds were distributed:

iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes:

17. Indicate the cumulative energy consumption for the previous 12 months:

A. Electric (kWh) or (Btu) B. Petroleum (Gal)

C. Natural Gas (cu ft) D. Other (Specify)

18. Remarks:

Add Attachment

Delete Attachment

View Attachment