

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	1	of	2
pages					

3. Recipient Organization (Name and complete address including Zip code) WEST ORANGE CTY COVE CONSOLIDATED INPENT SCHOOL DIST POST OFFICE 1107 ORANGE, TX, 77630
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4a. DUNS Number 825391659	4b. EIN 1746001837A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final <input type="checkbox"/> Month	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year) JUNE 30, 2019
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10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>	Cumulative
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Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	381,400.32
b. Cash Disbursements	381,400.32
c. Cash on Hand (line a minus b)	.00

<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	
Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	
Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
					g. Totals:		

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 intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Rash, Abigail Financial Specialist	c. Telephone (Area code, number and extension) 409-882-5463
b. Signature of Authorized Certifying Official Abigail Rash	d. Email address abra@woccisd.net
	e. Date Report Submitted (Month, Day, Year) JULY 09, 2019
14. Agency use only:	

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

Paperwork Burden Statement
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