FEDERAL FINANCIAL REPORT

T				(Follow torm	instructions)							
Federal Agency and Organizational Element Affairly Company in Colonial Company			Federal Grant or Other Identifying Number Assigned by Federal Agency						ige	of		
to Which Report is Submitted			(To report multiple grants, use FFR Attachment)					1	1	2		
HHS-ADMINISTRATION FOR CHILDREN								1				
& FAMILII	& FAMILIES											
3 Recipient	Organization (No.	mo and semulate add								page		
WEST OR	RANGE CTY CO	me and complete address ind OVE CONSOLIDATED IN	Cluding Zip code) IPENT SCHOO	דפות ונ								
POSTOF	FICE 1107		בווו סטווסכ	DIO I								
	TX, 77630	· · · · · · · · · · · · · · · · · · ·										
4a. DUNS N	umber	4b. EIN	5. Recipient Account Number or Identifying Numbe			6. F	eport Type	7. Basis of	Basis of Accounting			
			(To repor	t multiple gran	its, use FFR Attachment)	1	uarterly		, , , , , ,	9		
82539165	:0	474600400744				⊜ Semi-Annual						
02339103	825391659 1746001837A1							1				
1						☐ Annual ☐ Final ☐ ☑ Cash ☐ Accrual				_		
8. Project/Gr	ant Period					In Fi			DA	ccruai		
From: (Month, Day, Year)			To: (Month, Day, Year)			Reporting Period End Date (Month Day Year)						
						(Month, Day, Year)						
10. Transac	rtione					JUNE 30, 2016						
							1	Cumulativ	/e			
		ultiple grant reporting)										
		ltiple grants, also use FFR	Attachment):		***************************************							
a. Cash F									272	512 27		
	Disbursements							272,512.27 712,018.47				
	n Hand (line a mir								506.20			
	o for single gran											
		nobligated Balance:										
	ederal funds author											
	share of expendi					***************************************						
r. Federa	share of unliquid	ated obligations										
	ederal share (sum											
Recipient S		ederal funds (line d minus g)										
	cipient share requ	irod		· · · · · · · · · · · · · · · · · · ·								
	nt share of expend	***************************************										
		to be provided (line i minus)	i)									
Program Inc	ome:	promote (mic i minds)	<u> </u>									
I. Total Fed	leral program inco	me earned										
m. Progran	n income expende	d in accordance with the dec	luction alternative									
n. Program	income expended	in accordance with the add	ition alternative									
o. Unexpen	ded program inco	me (line I minus line m or line	e n)		w.w							
	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount C	harmed	E Forder of Ch				
11. Indirect						or ranount c	nageu	f. Federal Sh	are			
Expense												
Demodes:	Attach			g. Totals:								
z. Nemarks.	миаст апу ехр <i>а</i> п	nations deemed necessary or	information requ	ired by Feder	al sponsoring agency in co	mpliance with	governing legi	slation:				
dichuream	onto and each	his report, I certify to the b	est of my knowl	edge and bel	lief that the report is true,	complete, a	nd accurate, a	nd the expen	ditures	S,		
	onto una casin la	sceibre are in mie barbose	s and intent set	torth in the a	Ward documents. Lam av	are that any	false, fictitiou	s, or fraudule	ent info	rmation		
,,-		; oran, or administrative be	naides. (U.S. Co	de, Title 18, S	Section 1001)		1					
. Typed or Pri	nted Name and Ti	tle of Authorized Certifying O	fficial			c. Telephone	(Area code n	umber and evi	longion			
Rash,Abigai								c. Telephone (Area code, number and extension) 409-882-5434				
Financial Sr	inancial Specialist						d. Email address					
						abra@woccisd.net						
. Signature of	Signature of Authorized Certifying Official							e. Date Report Submitted (Month, Day, Year)				
Abigail Rash	bigail Rash							JULY 28, 2016				
						JULI	£0, £010					
					1	14. Agency use only:						
					E.		Form 425 - Revise		<u> </u>			
						OMB App Expiration	oval Number: 034 Date: 10/31/2011	3-0061				
						,						

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 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 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 (0348-0061), Washington, DC 20503.