



WEST ORANGE – COVE CISD

NORTH EARLY LEARNING CENTER

HEAD START – PRE-KINDERGARTEN – PPCD

801 CORDREY, ORANGE, TX 77630

PHONE # 409-882-5434 FAX # 409-882-5449

SHANNON LARSON
HEAD START DIRECTOR
PRINCIPAL

October 29, 2014

Mr. Ray Bishop
Financial Operations
Region VI Office for Children and Families
1301 Young St. Rm 937 ACF-2
Dallas, Texas 75202

Dear Mr. Bishop:

Enclosed please find our final report (form No. SF-425 Federal Financial Report) for the period ending October 30, 2014 for the Project # 06CH5405/47.

Please feel free to contact our office should you have any questions concerning this report. (409-882-5434)

Sincerely,

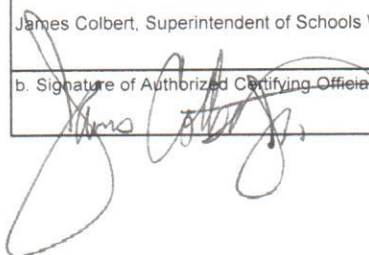
A handwritten signature in cursive script that reads "Sherry Hardin".

Sherry Hardin
Head Start Director

Enclosure: SF-425

FEDERAL FINANCIAL REPORT

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of HHS - ACF		2. Federal Grant or Other Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 06CH5405/47		Page 1	of 1 pages		
3. Recipient Organization (Name and complete address including Zip code) West Orange - Cove Cons. Independent School District PO Box 1107, Orange, TX 77631							
4a. DUNS number DUNS # 8253916	4b. EIN 74-6001837	5. Recipient Account Number or Identifying Number		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: (Month, Day, Year) 8/1/2013		To: (Month, Day, Year) 10/30/2014		9. Reporting Period End Date (Month, Day, Year) 10/30/2014			
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				1,428,215.00			
b. Cash Disbursements				1,428,215.00			
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				1,428,215.00			
e. Federal share of expenditures				1,428,215.00			
f. Federal share of unliquidated obligations				0.00			
g. Total Federal share (sum of lines e and f)				1,428,215.00			
h. Unobligated balance of Federal funds (line d minus g)				0.00			
Recipient Share:							
i. Total recipient share required				357,054.00			
j. Recipient share of expenditures				357,054.00			
k. Remaining recipient share to be provided (line i minus j)				0.00			
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
	Predetermined	2.152%	8/1/2013	10/30/2014	1,389,673.00	29,906.00	29,906.00
g. Totals					1,389,673.00	29,906.00	29,906.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Admin. Cost - \$161,347.76 (11.30%) T&TA - \$24,542 Disabilities - \$41,403.33 USDA - \$173,409							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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 James Colbert, Superintendent of Schools West Orange - Cove CISD			c. Telephone (Area Code, number and extension) 409-882-5601				
b. Signature of Authorized Certifying Official 			d. Email address jaco@woccisd.net				
			e. Date Report Submitted (Month, Day, Year) 10/29/2014				
14. Agency use only:							

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

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 (0348-0060), Washington, DC 20503.