

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS - Administration on Aging		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)				Page of 1 1 pages	
3. Recipient Organization (Name and complete address including Zip code) Lieutenant Governor's Office on Aging, 1301 Gervais Street, Suite 350, Columbia, SC 29201							
4a. DUNS Number 620801295	4b. EIN 1-57-600-0286-BJ	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) E0401SELDR12 E0401OMBUD12		6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period (Month, Day, Year) From: 10/1/2010 To: 9/30/2013				9. Reporting Period End Date (Month, Day, Year) 9/30/2012			
10. Transactions (Use lines a-c for single or multiple grant reporting)				Cumulative			
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts				\$		57,117.00	
b. Cash Disbursements				\$		61,622.00	
c. Cash on Hand (line a minus b)				\$		(4,505.00)	
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized				\$		331,395.00	
e. Federal share of expenditures				\$		61,622.00	
f. Federal share of unliquidated obligations				\$		269,773.00	
g. Total Federal share (sum of lines e and f)				\$		331,395.00	
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.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
g. Totals:				0	0	0	
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 Ruchelle Ellison Fiscal Manager					c. Telephone (Area code, number, and extension) (803) 734-9883		
b. Signature of Authorized Certifying Official 					d. Email Address rellison@aging.sc.gov		
e. Date Report Submitted (Month, Day, Year) 9/22/2014							

Standard Form 425 - Revised 6/28/2010
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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.