

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 <u>1</u> of <u>1</u> pages
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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) E0401SELD10 E0401OMBUD10	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
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8. Project/Grant Period (Month, Day, Year) From: 10/1/2009 To: 9/30/2012	9. Reporting Period End Date (Month, Day, Year) 9/30/2011
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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	\$ 324,264.00
b. Cash Disbursements	\$ 324,264.00
c. Cash on Hand (line a minus b)	\$ -

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$ 327,716.00
e. Federal share of expenditures	\$ 324,264.00
f. Federal share of unliquidated obligations	\$ 3,452.00
g. Total Federal share (sum of lines e and f)	\$ 327,716.00
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 d. Email Address rellison@aging.sc.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 9/23/2014

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
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Paperwork Burden Statement

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