

FINANCIAL STATUS REPORT
AOA SUPPLEMENTAL FORM TO SF-269-TITLE III

STATE _____
DATE SUBMITTED _____

FY _____
REPORTING PERIOD ENDED _____

Item 10.i Column III, Total Recipient Share of Outlays which consist of outlays from:

	State	Non-State
ADMIN	\$ _____	\$ _____
Title III		
Part B (<u>Excluding</u> LTCO Funds)	\$ _____	\$ _____
LTCO (Part B) Only	\$ _____	\$ _____
Part C-1	\$ _____	\$ _____
Part C-2	\$ _____	\$ _____
Part E (<u>Including</u> Grandparent Funds)	\$ _____	\$ _____
Grandparent Only	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Item 10.j Column III, Federal Share of Net Outlays:

	State	Non-State
ADMIN	\$ _____	\$ _____
Title III		
Part B (<u>Excluding</u> LTCO Funds)	\$ _____	\$ _____
LTCO (Part B) Only	\$ _____	\$ _____
Part C-1	\$ _____	\$ _____
Part C-2	\$ _____	\$ _____
Part E (<u>Including</u> Grandparent Funds)	\$ _____	\$ _____
Grandparent Only	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Item 10 o Column III Total Federal Funds Authorized by AOA for the Federal FY _____
have been allocated by the State as follows (as applicable):

1. State administrative activities which consist of funds in the amount of \$ _____ from the following:

Part B \$ _____

Part C-1 \$ _____

Part C-2 \$ _____

Part D \$ _____

Part E \$ _____

2. Part B, Supportive Services (Including LTCO Funds) \$ _____

3. Part B, Long Term Care Ombudsman Only \$ _____ FY 2000 _____

4. Part C-1, Congregate Meals \$ _____

5. Part C-2, Home Delivered Meals \$ _____

6. Part D, Preventive Health \$ _____

7. Part E, Caregivers \$ _____

Area Plan Administration \$ _____
which consists of funds from:

Part B \$ _____

Part C-1 \$ _____

Part C-2 \$ _____

Part E \$ _____

Item 10 p Column III, Unobligated Funds:

Part B \$ _____ Part D \$ _____

Part C-1 \$ _____ Part E \$ _____

Part C-2 \$ _____

Item 10 r Column III, Disbursed Program Income using the additional alternative
(cumulative amount):

Part B \$ _____ Part D \$ _____

Part C-1 \$ _____ Part E \$ _____

Part C-2 \$ _____