

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 \$ \_\_\_\_\_