

FEDERAL FINANCIAL REPORT (FFR)
ACL/AOA TITLE III SUPPLEMENTAL FORM TO SF-425

STATE: _____ FY: _____
DATE SUBMITTED: _____ REPORTING PERIOD ENDED: _____

FINAL REPORTS: ____PART B ____PART C-1 ____PART C-2 ____PART D ____PART E

Item 10 d. Total Federal Funds Authorized:

			Total Part B	_____
All Parts	Total State Plan Administration	_____	Total Part C-1	_____
All Parts	Total Area Plan Administration	_____	Total Part C-2	_____
			Total Part D	_____
			Total Part E	_____
			Total All Parts	_____

Item 10 e. Federal Share of Expenditures:

		State	Non-State		
Part B	Administration	_____	_____		
Part B	LTCO	_____	_____		
Part B	Supportive Services	_____	_____	Total Part B	_____
Part C-1	Administration	_____	_____		
Part C-1	Congregate Meals	_____	_____	Total Part C-1	_____
Part C-2	Administration	_____	_____		
Part C-2	Home Delivered Meals	_____	_____	Total Part C-2	_____
Part D	State Plan Administration	_____		Total Part D	_____
Part D	Preventative Health	_____	_____		
Part E	Administration	_____	_____		
Part E	Older Relative Caregiver Only	_____	_____	Total Part E	_____
Part E	Caregiver Services	_____	_____		
				Total All Parts	_____
	Total Adminstration	_____	_____		
	Total B, C1, C2 Services	_____	_____		

Public Burden Statement:
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0004). Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information.

Item 10 i. Total Recipient Share Required:

		Match Percentage			
Part B	Administration	25%			
Part B	LTCO	0%			
Part B	Supportive Services	15%			
				Total Part B	
Part C-1	Administration	25%			
Part C-1	Congregate Meals	15%			
				Total Part C-1	
Part C-2	Administration	25%			
Part C-2	Home Delivered Meals	15%			
				Total Part C-2	
Part D	State Plan Administration	25%			
Part D	Preventative Health	0%			
				Total Part D	
Part E	Administration	25%			
Part E	Older Relative Caregiver Only	25%			
Part E	Caregiver Services	25%			
				Total Part E	
				Total All Parts	

Item 10 j. Total Recipient Share of Expenditures:

		State	Non-State		
Part B	Administration				
Part B	LTCO				
Part B	Supportive Services				
				Total Part B	
Part C-1	Administration				
Part C-1	Congregate Meals				
				Total Part C-1	
Part C-2	Administration				
Part C-2	Home Delivered Meals				
				Total Part C-2	
Part D	Administration				
Part D	Preventative Health				
				Total Part D	
Part E	Administration				
Part E	Older Relative Caregiver Only				
Part E	Caregiver Services				
				Total Part E	
				Total All Parts	
Total Adminstration					
Total B, C1, C2 Services					

Comments: