

**Federal Financial Report (FFR)**  
**ACL/AOA Title III Supplemental Form to SF-425**

|                         |  |
|-------------------------|--|
| State                   |  |
| Federal Fiscal Year     |  |
| Date Submitted          |  |
| Reporting Period Ending |  |

**Item 10 d. Total Federal Funds Authorized**

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

**Item 10 e. Federal Share of Expenditures**

| Part and Description                 | 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 Preventive Health             |       |           |
| Total Part D                         |       |           |
| Part E Administration                |       |           |
| Part E Older Relative Caregiver Only |       |           |
| Part E Caregiver Services            |       |           |

|                            |  |  |
|----------------------------|--|--|
| Total Part E               |  |  |
| Total All Parts            |  |  |
| Total Administration       |  |  |
| Total B, C-1, C-2 Services |  |  |

Item 10 i. Total Recipient Share Required

| Part and Description                 | Match Percentage | Amount |
|--------------------------------------|------------------|--------|
| 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 Administration                | 25%              |        |
| Part D Preventive 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

| Part and Description       | 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 Preventive Health             |  |  |
| Total Part D                         |  |  |
| Part E Administration                |  |  |
| Part E Older Relative Caregiver Only |  |  |
| Part E Caregiver Services            |  |  |
| Total Part E                         |  |  |
| Total All Parts                      |  |  |
| Total Administration                 |  |  |
| Total B, C-1, C-2 Services           |  |  |

Comments:

**Paperwork Reduction Act Public Burden Statement:**

According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), 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 one (1) hour per response, including time for gathering, maintaining the data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the Older Americans Act (P.L. 116-131). Information collected is planned for use by ACL to conduct federal oversight of Aging Programs. ACL uses information collected to monitor federal funds. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality.