

**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	_____	
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 Administration	_____	
	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 Administration					
Total B, C1, C2 Services					

Comments:

Public Burden Statement:

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